1	FOR - STATE			DEPART	MENT OF	EALTH AND MENTAL HY	GIENE 3	2 3	0 2	
	REGISTRAR PECEASED NAME (PE OR PRINT)	FIRST		WIDDLE	CERTII	TAST	20 DATE OF DE	REG. NO.	DAY YEAR	2b. HOUR
3.5			rvil	D	Aus	tin	Novem	ber 28	1982	0600
1	Male			iuc.	J. DATE O	L. 11, 1911	6 AGE (IN YEARS	7/ YRS	MONTHS DAYS	HOURS
	BIRTHPLACE (STATE OR DECAWARE)	FOREIGN 76.	CITIZEN OF	WHAT COUNTRY	? 8 MARRIE WIDOW	D MEVER MARRIED	9 BALTIMORE	CITY OR COUNT	Y OF DEATH	
	ALISBURY	-	(IF NOT IN SU	CH FACILITY, GIVE STREE	TADDRESS)	HOSPITAL	120 USUAL OC	CUPATION R MOST OF WORKING I	IFE) INDUSTRY	of BUSINES tructi
0 1	DELAWATE	SUAN		130 CITY OR TON	MN	13d. INSIDE CITY LIMITS? YES NO K	13e STREET ADD	RESS Bethel Ro		
3	FATHER'S NAME Willia	m f	7.	Austin		15. MOTHER'S MAIDEN NA Matilda	AME	IDDLE	Engl	ish
	WAS DECEASED EVER	IN U.S. ARME		166 SOCIAL SEC 222 10	6102	17. INFORMANT Marquerite	7. Austi	Laure n 125 Be	L Del	19956 Road
ATION	Conditions, if any gove rise to im couse (a), statiunderlying cause	mediote ng the e last. NIFICANT CO	(c) NDITIONS <u>C</u>		DEATH BUT	NOT RELATED TO THE TERM				
CERTIFICATION					OPERATIO	N WAS PERFORMED		D IN CERTI	S, WERE FINDI FYING CAUSES ES	NGS USED S OF DEATH?
MEDICAL CE	210. ACCIDENT WAS UN OR CONTRIBUTING (IF EITHER NOTIFY MED	CAUSE OF DEATH		DF INJURY .M. MONTH D .M.	AY YEAR	21c. HOW INJURY OCCUR	RED (ENTER NATURE	OF INJURY IN ITEM 18	PART I OR PART 2)	
WED	21d INJURY OCCUR WHILE NOT WE AT WORK	HILE 🗍		OF INJURY REET, FACTORY, OFFICE.	FARM ETC)	21f. LOCATION	Cr	TY OR TOWN	COUNTY	STAT
	22a 1 certify that (1) saw the deceos obave, (1) (wa) 4	ed olive on	11/	27 19	10/ 8V . ar	nd that in (my) (soll) opinion	death occurred or	the date and ha	19 82 ur and from the	that (I) (we causes state
	226. SIGNATURE	News	O		1		MEDICAL DIRECTOR []	STAFF PHYSICIAN []	11/2	SIGNED 8/82
	22d. PHYSICIAN'SN.	A Na	1. 6	RASSO		1302 S. D	IUISION	St	Spris	Mo
	BURIAL, CREMATION, (SPECIFY)	MEMOVAL	236. DATE 12/1/6	82 L	name of c	EMETERY OR CREMATORY Hill Cemetery	23d LOCATIO CITY OR TO	nwo / C.,	COUNTY	Dal
24 1	UNERAL DIRECTOR NAME Homen	L. Dis	haroo	n box 678	8 Laur	el Del. DE	C 2 198	STRAR (STREGIS	TRAR SIGO	hill

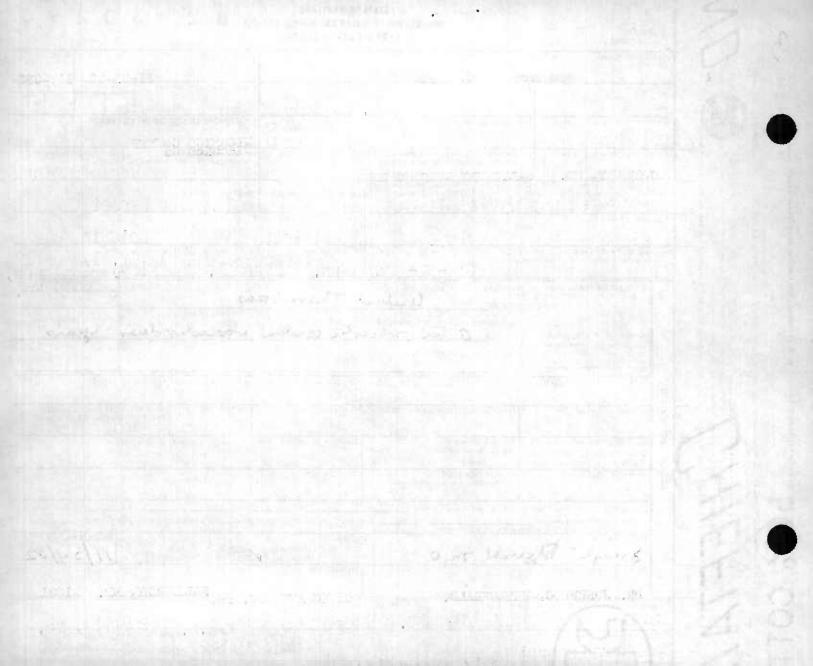
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

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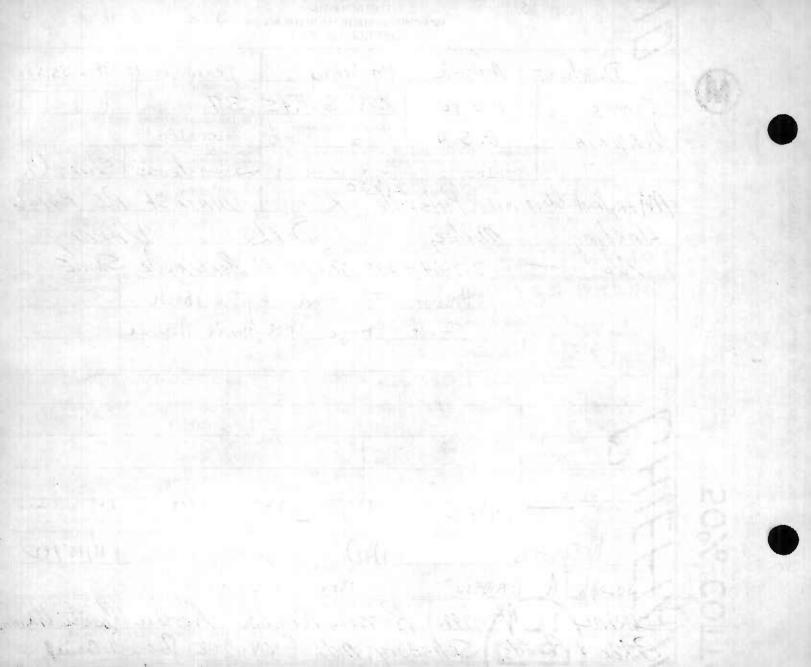
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	. /	STATE OF MARYLAND	13 15 75 TO
	_/	1 - STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2	2 7 5
	8	REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.	
	Z N L	I. DECEASED NAME FIRST MIDDLE LAST 20, DATE KNOWN A MONTH (TYPE OR PRINT) OF ESTI-	DAY YEAR 26. HOUR
	Maria Str.	Clarence Morris Banks DEATH MATED 11-2	21-82 3A
	96136	SEX 4 RACE S. DATE OF BIRTH 6. AGE (IN YEARS I F UNDER 1 YR. IF UNDER 24 HRS. 24. DATE MONTH	DAY YEAR 24 HOUR
	A A	Male White 6-5-1908 79Rs. Hours Min. PRONOUNCED NOV. 21	182 3 A
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	至5. 累品	Salisbury Rt. 1, Allen Road Trucker driver &	farmer
	FANY DE RETAIN SHOULD 8 SHOULD 8 LI RECORD 1	136, STATE 7 7 2 136, COUNTY 136, CITY OR TOWN 136, INSIDE (ITY LIMITS? 136, STREET ADDRESS	
	조 수 없 오 원	Maryland Wicomico Salisbury VES NO Rt. 1. Allen Road	1
1	W NAME OF THE PARTY OF THE PART	14. FATHER'S NAME FIRST MIDDLE LAST FIRST MIDDLE MIDDLE	LAST
1	350° 36	Samuel Morris Banks Emma Jane Address Richa	ardson
-	S AFTER DEA GIVE PAGES VITH FORM P PAGES I ANI	(be. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATES)	11 45011
	A SECOND	NO (IFYES, GIVE WAR OR DATES) 214-30-8051 Mr Curfic S Ranks can	10 20 #17
	B. GIV	18 CAUSE OF DEATH (Enter anly ane cause per line far (a), (b), and (c).)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
1	THIN 24 HOUS CILIN TEM 18 VER ALONG W ANSIT PERMIT AL HYGIENE, D REMOVAL	PARTIDEATH WAS CAUSED BY: Malnutrition	months
	2 2 E O E O E	DUE TO, OR AS A CONSEQUENCE OF	
	SENSE E	Canditions, if any, which Arteriosclerotic Heart Disease	years
	NAT NAME OF STREET	gave rise ta immediate (b)	
	S S S S S S S S S S S S S S S S S S S	lying cause last.	
		(c) PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1:01.	
	D BE EXECT PENDING" MEDICAL AS A BUR IEALTH ANI CREMATIN		
	ASALTA ASE	196. CONDITION FOR WHICH OPERATION WAS PERFORMED? 216. EXTERNAL CAUSE WAS 216. TIME OF INJURY HOUR AM MONTH DAY YEAR 216. HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2	ALITODOVO
	SHOULD ORD "PE CHIEF A	YE. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
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- 8	THIS CHARD WARD PAGE	WHILE AT WORK AT WORK	
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	EXAMINER: CERTIFICATE JID BE FOR WITH THE WARYLAND.		un
1	A PER BER	death resulted from Maural rauses LX. Accident L., Suicide L., Hamicide L., Undetermined manner L.,	
	A SEED S	ACTUAL TITLE (SPECIFY) DATE	11/22 /82
	SESE E	SIGNATURE M.D. DEPUTY MEDICAL EXAMINER SIGNED.	11/ /0/
	MAN AND AND AND AND AND AND AND AND AND A	EXAMINER'S NAME FORT I DOVOE M. D. 400 Comdon AVO. Coli	abuse Md
	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOU EXECUTE THE CERTIFICATE, WRITING THE WORD ' PAGE 4 SHOULD BE FORWARDED TO THE CHIE TO ENNEAL DIRECTOR: PAGE 3 SHOULD BE USE APPER DEATH WITH THE STATE DEPARTMENT OF IS BALTIMORE, MARYLAND, 21201 PRIOR TO BURILA	ADDRESS 409 CAMILLETT AVE., Sall	sbury, Md
	E02549	The BURIAL CREMATION REMOVAL THE DATE 231, NAME OF CEMETERY OR CREMATORY 236, LOCATION COUNTY	STATE
	BP	Burial 11/24/82 Parsons Cemetery Salisbury Wic	Marykand
	DHMH - 17	14 FUNERAL DIRECTOR	Joseph J.
	(VR A15 ME (5))	Holloway Funeral Home, Salisbury, Md. NOV 23 1982	
	15M 2780		

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-	11.	FOR STATE REGISTRAR	CERTIFICATE OF DEATH
		CEASED NAME FIRST	REG. NO. MIDDLE LAST 20. DATE OF DEATH MONTH DAY YEAR 2b. HO
200	(TYP)	DARLENE	E MillER Bartemy November 15 1982 23
(ME)	3. SE	X	4. RACE S. DATE OF BIRTH 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR IF UNIT
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the state of		ITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 120 USUAL OCCUPATION 126. KINDOF BUSI
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should it	1//	VI ARY/AND CO	(COMICO) PIHSVILLE YES NO MAINSF P.O. BY
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E	160	WAS DECEASED EVENIN U.S. AR	
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FOR 1 - STATE

REGISTRAR

BALTIMORE CITY OR COUNTY OF DEATH Wicomico 12b. KIND OF BUSINESS OR (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY 130. STREET ADDRESS 1519 Woodland Road Burk Bobbie Biron (daughter) same as APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES | 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SJGNED Cremation COUNTY STATE 11/10/82 Delmarva Crematory BP Lewes 24. FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR 256. DHMH - 16 50M 4/82 Holloway Funeral Home, Salisbury (VRA 15, 4)

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

REG. NO.

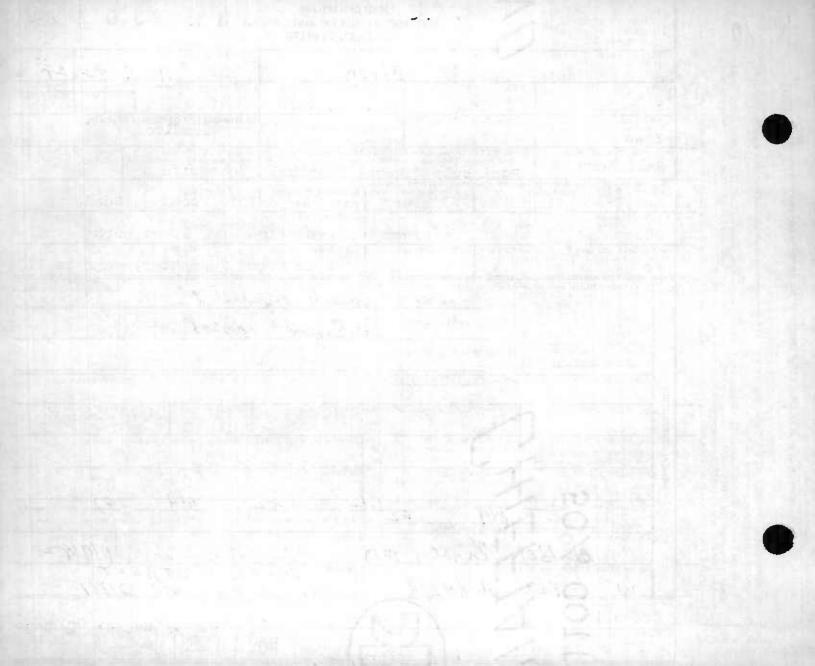
26. HOUR

HOURS.

IF UNDER 24 HRS

IF UNDER 1 YEAR

DAYS



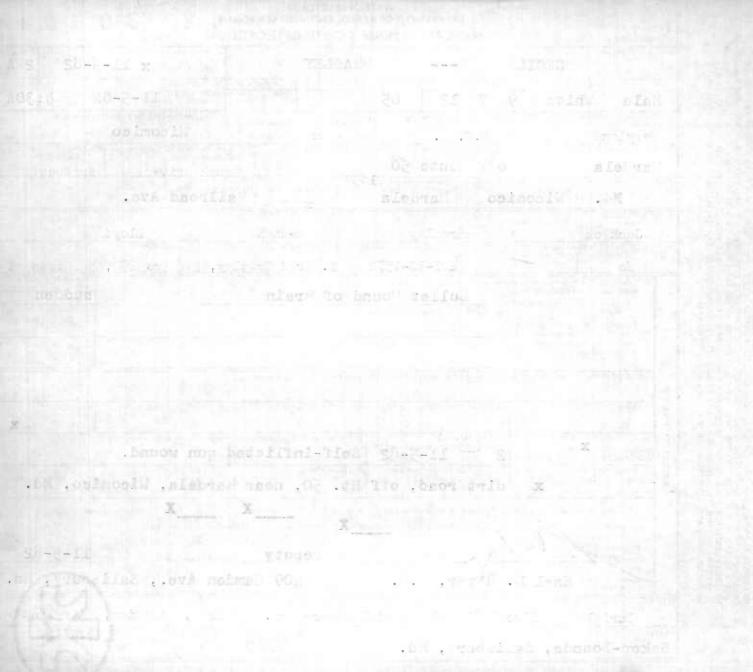
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SEX RACE SDATE OF BRITH SOUTH STATE SOUTH STATE STATE OF BRITH		1			CERTIFICATE OF DEATH	REG. NO	0.
SEX				MIDDLE	LAST	2e DATE OF DEATH	MONTH DAY YEAR 26. HOUR
TO BIRTHFLACE (SISTED OF CRICK)			Merri	11 1			11- 22 82 10 00
THE DATE OF OPERATION TO ALL COUNTY THE COUNTY OF DEATH TO ALL COUNTY OF DEATH THE COUNTY OF DEATH	1	3 SE	MALE	WHITE	MONTH DAY YEAR	6. AGE 1 IN YEARS LAST BIRT	MONTHS DAYS HOURS MIN
11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 178 USUAL OCCUPATION 178 UNDESS OF WARRING HOME ASSESSED 170 UNDESS OF WARRING HOM	PL			76 CITIZEN OF WHAT COUNTR	MARRIED NEVER MARRIED		R COUNTY OF DEATH
USUAL RESIDENCE IF AURINAL ROOM OF COINCE NOTIFIED TIME OF INJURY DISCONSISTED NAME IT FATHER'S NAME IT FATHER'S NAME MEDIL INSURANCE OF COINCE NOTIFIED TO A STANDARD FOR A STANDARD	0.	10 C	ITY OR TOWN OF DEATH		SING HOME OR OTHER INSTITUTION	128 USUAL OCCUPATE	ON 126. KIND OF BUSINESS OR
136 STATE 136 COUNTY 136 INSIDE CITY UNITS? 139 STREET ADDRESS 130 STREET ADDRESS	70	5	alisbury	Wilcomico Nai	RSING Home	RESTAUK	PART SERVICE
LAST ADDRESS LAST LAST ADDRESS LAST LAST ADDRESS LAST	35	130	STATE NO 13b COU	IN OTHER INSTITUTION, GIVE RESIDENCE BEI	WN BISE CITY LIMITS?	13e. STREET ADDRESS	ER 57.
The continuence of the part of the continuence of the part of the continuence of the part of the par	20	14 F.	THER'S NAME	MIDDLE BOULEST	15. MOTHER'S MAIDEN N	AME MODIE	DOLLAY LAST
The cause of death (Enter only one couse per log for (o), (b), and (c) Part I. Death Was Caused BY IMMEDIATE CAUSE (a) DUE TO, OR AS ACOMSEQUENCE OF A Occaditions, if only, which gover rise to immediate cause in immediate cause in immediate cause in immediate cause log DUE TO, OR AS ACOMSEQUENCE OF A Occaditions, if only, which gover rise to immediate cause in immediate cause in immediate cause log DUE TO, OR AS ACOMSEQUENCE OF A Occaditions, if only, which gover rise to immediate cause in immediate cause log DUE TO, OR AS ACOMSEQUENCE OF A Occaditions Occadit	medk		VAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIAL SE	CURITY NO. 17 INFORMANT	ADDRE	SSS (2
PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE 10) DUE TO, OR AS ACONSEQUENCE OF Conditions, if any, which gove rise to immediate couse 10). Visiting the underlying couse list. DUE TO, OR AS ACONSEQUENCE OF IDE TO, OR AS ACONSEQUENCE INCERTIFICATION IN PART 100 IDE TO, OR AS ACONSEQUENCE IN CERTIFICATION IN PART 100 IDE TO, OR AS ACONSEQUENCE IN CERTIFICATION IN PART 100 IDE TO, OR AS ACONSEQUENCE IN CERTIFICATION IN PART 100 IN PART 100 IDE TO, OR AS ACONSEQUENCE IN CERTIFICATION					-9627 NELDA 1	BOWMAR	SHAPPTOWN
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24 FUNERAL DIRECTOR 250. DATE REC'D. BY REGISTRAR'S SIGNATURE	25M	24 F	UNERAL DIRECTOR	11-13-00	[1] [250. DA	ATE REC'D. BY REGISTRAN	255-PEGISTRAR'S SIGNATURE

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page 3		CEASED NAME FIRST OR PRINT) IRENE	ELIZABETH 1 RACE	Boy d	20. DATE OF DEATH MONTH NOVEMBER 6. AGE (IN YEARS LAST BIRTHDAY)	DAY YEAR 26 HOUR 25 1982 2255N IF UNDER 1 YEAR IF UNDER 24 HRS
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i ag			ROTHER INSTITUTION, GIVE RESIDENCE BEFORM NTY 13c. CITY OR TOV			PIVE OCEAN CITY
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for us of He 21 is		sow the deceased alive or	of the body ofter death.	, and that in (my) (our) opinion	death accurred on the date and ha	ur and from the causes stated
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TO FUNERAL IS should be deto with the Stote IMPORTANT: If		226 PHYSICIAN'S NAME (TYPE		U220 ADDBESS		
F 2 3 4		BURIAL, CREMATION, REMOVA	11/27/82	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN BEZUN W	
5 50M 4/82 15, 4)	24.5	WARANA BULBAG	ADDRESS ADDRESS	BERLYN MCL 250. DA	TE REC'D. BY REGISTRAR 256. BEGIS EC 1 1982	STRAR'S SIGNATURE

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4	1.	FOR STATE REGISTRAR	DEP	ARTMENT OF HI	ALTH AND I	MENTAL HYG	IENE 8 2	3	0 3	0 ;
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e death certificate be attending physicion move carbon papers. iotion, or removal. troumatic event, the			DUE TO, ORAS/ACONS	www.	10		when Su	in	BETWEEN ON MICA	ATÉ INTERVAL ISET AND DEA
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DING PHY or ottendii After this is os the bu	MED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OF	FICE, FARM, ETC.)	21f LOCATIO	ON	CITY OR TO	WN	COUNTY	STATE
R ATTENDIN hospitol or RECTOR: At ned for use or spt. of Healt tem 21 is mo			pito) attended the deceased from 10/23 not view the body after death.		d that in (my)	19 76	deoth occurred on the de		and from the co	
0 " 0 2 0 2		22b. SIGNATURE	4 M. Cum	D		TTENDING PHYSICIAN [MEDICAL STAI		22c. DATE 8	IGNED
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DHMH - 16 50M 4/82 (VRA 15, 4)		UNERAL DIRECTOR	nle Green	nsboro,		NO'	e rec'd. by registrar V 1 2 1982	256 REGISTRA		RE

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

1 - STATE CERTIFICATE OF DEATH REGISTRAR REG NO DECEASED NAME FIRST 20. DALE OF DEATH # MONTH (TYPE OR PRINT) VAUGHN ARNOCK 6. AGE (IN YEARS LAST BIRTHDAY) 4 RACE IF UNDER 1 YEAR 16 Male White To BIRTHPLACE (STATE OF FOREIGN BALTIMORE CITY OR COUNTY OF DEATH 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED COUNTRY Virginia USA DIVORCED Wicomico WIDOWED 10 CITY OR TOWN OF DEATH NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a, USUAL OCCUPATION 12h KIND OF BUSINESS OR (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) TYPE OF WORK FOR MOST OF WORKING LIFE INDUSTRY Waterman Seafood Peninsula General Hospital Salisbury USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)
130, STATE 130, COUNTY 132, CITY OR TOWN Box 230 - Main St. 13d. INSIDE CITY LIMITS? Accomack Tangier YES X NO [15. MOTHER'S MAIDEN NAME John MIDDLE LAST FIRST MIDDLE Wesley Charnock Dora **R**llen Parks 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17. INFORMANT (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES) Virginia L. Charnock - same as 13 abcde APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH 18 CAUSE OF DEATH (Enter only one cause per line for (a)) (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (6) DUE TO, OR AS A CONSPONENCE OF Conditions, if ony, which gove rise to immediate cause (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying cause last

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110

196, CONDITION FOR WHICH OPERATION WAS PERFORMED

71g. ACCIDENT WAS UNDERLYING 216. TIME OF INJURY

HOUR A.M. MONTH DAY YEAR P.M.

19 21e. PLACE OF INJURY

AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

STREET

21f LOCATION

CITY OR TOWN

COUNTY STATE

NO F

sow the deceased olive on. abave, (1) (we) (did) (did not) view the bady after death 22b. SIGNATURE

FOR

ATTENDING PHYSICIAN 22e ADDRESS

MEDICAL DIRECTOR PHYSICIAN

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

22c. DATE SIGNED

20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH?

YES |

23b. DATE

23c. NAME OF CEMETERY OR CREMATORY

DEGREE

and that in (my) (our) apinion death occurred an the date and hour and from the causes stated

(SPECIFY) Burial 24. FUNERAL DIRECTOR

11/12/82

New Testament Cemetery Crisfield, MD 21817 NOV

Tangier - Accomack - Va. 25a DATE REC'D. BY REGISTRAR 25b REGISTRAR'S SIGNATURE

DHMH - 16 50M 4/82 (VRA 15, 4)

NAME Bradshaw & Sons -

NOT WHILE

BP

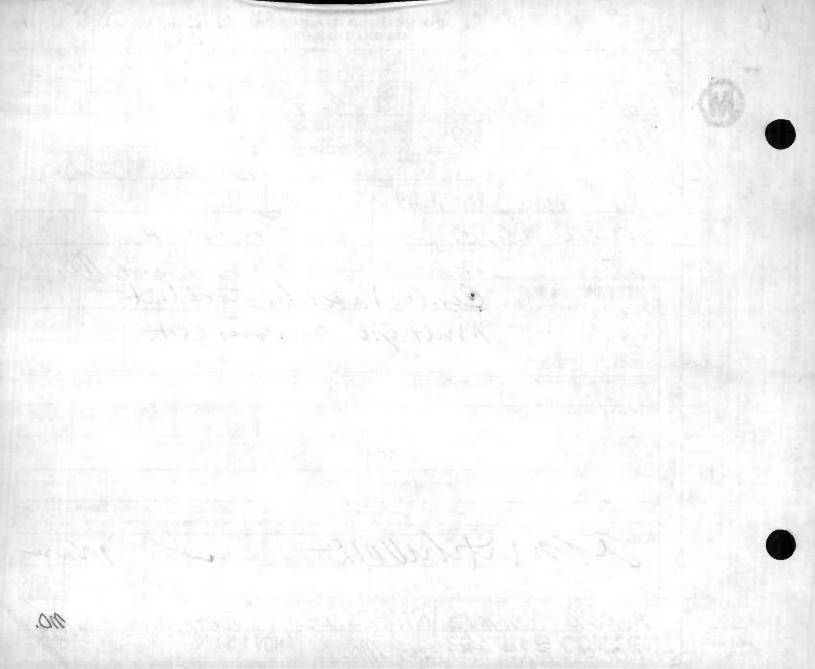
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be 772			CITIZEN OF WHAT COUNTRY? U.S.A.	8. MARRIED NEVER		UNTY OF DEATH COMICO CO.	Me	
physician ond completely filled en please remove carbon paper ovol, ont in any event, within 72	10. CITY OR TOWN OF DEATH SALISBURY 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of work in Hare the property).							
ond complete remove cart	13a. odn	USUAL RESIDENCE (Where deceosed li ssion)		13c. CITY OR TOWN	13d. INSIDE CITY EIMITS? YES NO	13e. STREET AND NUMBER 504 PRISCI	ILLA ST?	
be exe	14.	ATHER'S NAME First BABE C	Middle Lost HILDRESS		S MAIDEN NAME First	Middle	Lost	
rificote physician pleas	160	WAS DECEASED EVER IN U.S. ARMED F as, no, or unknown) (If yes give war or d		NO. 17. INFORMANT 9316 MRS.		Address SALIS	BURY, MD.	
equires that the deoth certifice physicion. signed by the attending physi burial-tronsit permit. Then plburial, cremation, or removol,		18. CAUSE OF DEATH (Enter only on PART I. DEATH WAS CAUSED BY: IMMEDIATE CO		e enet	SALES :		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
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by the hospital or ottending physicion. If the hospital or ottending physicion. If the this certificate has been signed by the attending physician and completely filled in the uneral be detached for use as the burial-transit permit. Then please remove carbon papel and 2 state Dept. of Health prior to burial, cremation, or removal, and in any event, within 72 in the death.	CERTIFICATION	190. DATE OF OPERATION 19b. COND	DITION FOR WHICH OPERATION WAS PE	The second second second	AUTOPSY?	20b. IF YES, WERE FINDINGS CO	ONSIDERED IN CERTIFYING	
ICIAN: bital or tifficate d for us of Healt	MEDICAL CER	21o. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (If either, notify medical examiner)	21b. TIME OF INJURY HOUR A.M. Month Doy Year P.M. 1		OCCURRED (Enter notus	re of injury in Port 1 or Port 2, I	tem 1B.)	
by the hospi ther this certi be detoched Stote Dept. of	WE	21d. INJURY OCCURRED 21e. PLAC While Not while at work of work	E OF INJURY (AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	CTORY.) 21f. LOCATION	Street or R.F.D. No.	City or Town	County Stote	
		22o. I certify that (I) this has sow the deceased alive couses stated above, (I)	ospitol) oftended the deceos on	ed from	(my) (our) opinion	to 8 May , 19] deoth occurred on the do	te ond hour ond from the	
AL OR ATTEND y be retained L DIRECTOR: A age 3 should filed with the 9	1	22b. SIGNATURE Edward	Jull MD	DEGREE PHYS		OR STAFF 22c. [DATE SIGNED	
TO HOSPITAL OF Poge 4 may be TO FUNERAL DIR director, page 3 should be filed			J Colwell,			de Drive, Salbbur	n MD 21801	
TO HO Poge TO FUI direct			3/82 SPRING	CEMETERY OR CREMATOR HILL GRA	ADEN	SALISBURY, M		
VR A15 (4) 45M · 1/69	24.	WILSON FUNERAL	L HOME SALIS	BURM, MD.	2So. REC'D BY REG		SIGNATURE	

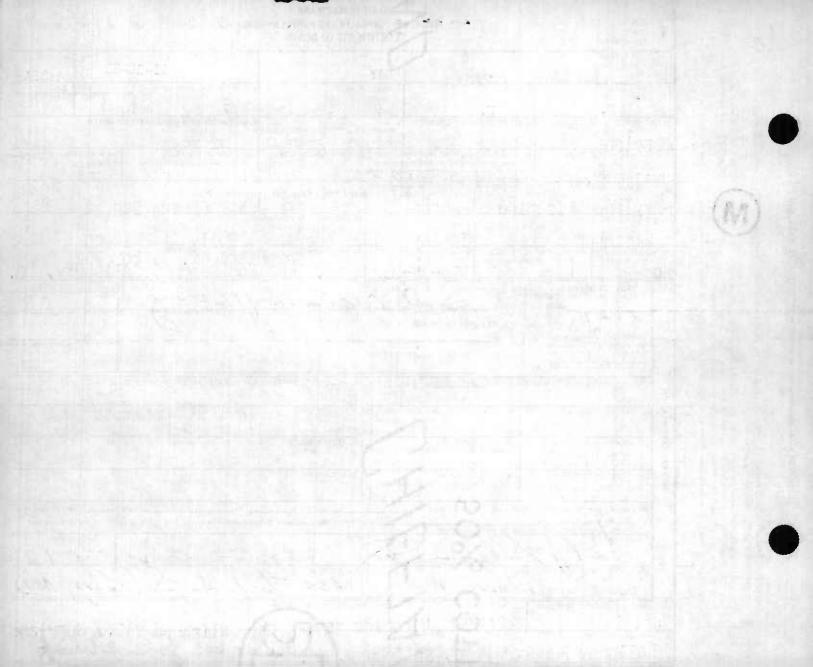
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		15 July 1			

2	1-	FOR STATE REGISTRAR			EPARTMENT OF	IE OF MARYLAND HEALTH AND MENTAL HY FICATE OF DEATH	GIENE 8 2	3	0 3	0.1
		CEASED NAME	FIRST	MIDDLE		LAST	20. DATE OF DEATH	MONTH DAY	YEAR	26. HOUR
4 may be for, page 3 after death	(1111)		aisey	Mae	DAV	IS	Nov.	27. 198	32	3:43 K
morr. po	3. SE		4.	RACE	5. DATE	OF BIRTH	6. AGE (IN YEARS LAST E	IRTHDAY) IF U	NDER I YEAR	IF UNDER 24 HRS
ge 4	Fe	male		White	De	40 4000		YRS.		
7 20 F. P.		RTHPLACE (STATE OR F	OREIGN 71	. CITIZEN OF WHAT CO	OUNTRY?	ED NEVER MARRIED	9. BALTIMORE CITY	OR COUNTY OF	DEATH	
deot deot		rsonsbur		. USA	WIDOW	ED DIVORCED	Wicomico			MD.
ofter by the filled with fille	S	TY OR TOWN OF DEA alisbury		Deer's Head	d Center	OR OTHER INSTITUTION	120. USUAL OCCUPA (TYPE OF WORK FOR MOST Seamstr		CIOT	hing Mf
should be fill		tate 21849 ryland	136. COUNT Wico	ther institution, give reside Y 13c. CITY mico Par	OR TOWN SONS DUT		Rt. 2	Walston	1	
2 2 2		THER'S NAME		DDLE	LAST	15. MOTHER'S MAIDEN N			1455	
WA Part 252		James			oore	Nanc	y Eliz	abeth	Par	sons
MORE, n ond co Pages 1		(AS DECEASED EVER		WAR OR DATES)	IAL SECURITY NO.	17. INFORMANT (daughter	RESS	= -	
ST., BALTIMORE rtificote be exect an physician and c anpopers. Pages emovol. event, the medica	No			213	-22-866	Mrs. Fran	ces Gochn	our sa	ame a	S #13
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLA ING PHYSICIAN: The low requires that the death certificate be executed with a ratending physician. The low requires that the death certificate has been signed by the attending physician and competent as the burial-transit permit. Then please remove carban popers. Pages 1 and 2 sha hand Mental Hygiene prior to buriol, cremation, or remaval.		Conditions, if ony, gove rise to imm couse (a), statin underlying couse	nediote g the	DUE TO, OR AS A CO	1 5+0	se renal	l failu	re si's		,
RDS, 20 equires n signe Then p r ta bur injury, c	NOI	PART 2 OTHER SIGN	PO	with the	ONC COLL	TNOT RELATED TO THE TER	-1	DHO	IN PART IO	. 45
TAL RECOR	CERTIFICATION	19a. DATE OF OPERAT	ION	196. CONDITION FOI	R WHICH OPERATION	DN WAS PERFORMED	200 AUTOPSY?	20b. IF YES, W IN CERTIFYIN YES	ERE FINDING G CAUSES (GS USED OF DEATH?
/ISION OF VITAL R. 5 PHYSICIAN: The la therading physicion. This certificate has the burial-transit per and Mental Hygiene ted or item 18 shows		21a. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEATH	216. TIME OF INJURY HOUR A.M. MOI P.M.	NTH DAY YEAR	21c. HOW INJURY OCCU	RRED (ENTER NATURE OF IN.	URY IN ITEM 18 PART I	OR PART 2)	
DIVISION DING PHYS or attentis of the bu	MEDICAL	21d. INJURY OCCURE WHILE NOT WH AT WORK AT WOR		21e. PLACE OF INJUR (AT HOME, STREET, FACTOR		211 LOCATION STREET	CITY OR I	OWN	COUNTY	STATE
TTENDI optial optial of TOR: A for use of Heal				l) ottended the decease		nd that in (my) (our) opinio	n death occurred on the	date and hour an		that (I) (we) last couses stated
OR A hosp		226. SIGNATURE		70	100	DEGREE	MEDICAL ST		22c. DATE S	
SPITAL O By the NERAL Di be detact e Stote De TANT: If It		yac	ley	W. ICC	suu, h	ATTENDING PHYSICIAN	MEDICAL ST.	ICIAN	11/2	7/82
TO HOSPITAL C		Nancy Nancy		tin, M.D.		Deer's Head	Center: Sa	lisbury.	Md.	21801
5 5 5 2 3 3	23a 8	URIAL, CREMATION,	REMOVAL	236. DATE		CEMETERY OR CREMATORY			DUNTY	STATE
BP		rial		12/2/82	Bethe	1 Cemetery	Walsto	n, Wico	mico	. Maryl
DHMH - 16 50M 4/82 (VRA 15, 4)		INERAL DIRECTOR	inera	1 Home C	ADDRESS		DEC 3 1982			JRE

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(0	1.	FOR - STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		0 3 0 9
	1	1. DE	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20. DATE OF DEATH MONTH DAY	YEAR 76 HOUR
	noy be	(TYP	EDNA	Erances	DAY	11-28-	82 4:35Am
	moy pog	3. SE		4 RACE	5. DATE OF BIRTH		UNDER FYEAR IF UNDER 24 HRS
	ge 4 me ector, p		F.	W.	9 25 15	67 YRS.	THS DAYS HOURS MIN.
	Por Por	7a. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY O	FDEATH
	death 7	Ma	ryland	USA	WIDOWED DIVORCED	WICOMICO	MD.
	Sifting divine f	10 C	ITY OR TOWN OF DEATH	(IF NOT IN SUCH FACILITY, GIVE STREET		TYPE OF WORK FOR MOST OF WORKING LIFE)	126. KIND OF BUSINESS OR INDUSTRY
1201	n by	S	ALTSBURY MD	SALISBURY NURSI OTHER INSTITUTION GIVE RESIDENCE BEFOR		Bookkeeper	Bank
MARYLAND 2120	() R		STATE 21830 136. COUN	TY 13c. CITY OR TOW	I 13d INSIDE CITY LIMITS?	13e STREET ADDRESS	
EA.	(M)		ryland Wicor	nico Hebron	YES NO 15. MOTHER'S MAIDEN N		reet
A	第2/			MIDDLE LAST	FIRST	MIDDLE	daan
	col so		VAS DECEASED EVER IN U.S. AR		JRITY NO. 17. INFORMANTA CLIC	ADDRESS	dgon
BALTIMORE	Poge Poge	NC		219-05	-8382 Mrs. Emma	ghter) Rt. 2, Box a Lou Serman, Sa	lishury Md
, 201 W. PRESTON ST.,	equires that the death certificat in signed by the attending physis. Then please remove corbanpop r to burial, cremation, or removal injury, or other troumatic event, i	NOI	PART I. DEATH WAS CAUSE 1629 IMMEDIAT Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE DUE TO, OR AS A CONSEQUE (c)	L Rele Cances ENCE OF	RMINAL DISEASE OR CONDITION GIVEN	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
AL RECO	he low re on. hos beer t permit. ene prior	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF YES, VIN CERTIFYIN	VERE FINDINGS USED NG CAUSES OF DEATH?
OF VIT	PHYSICIAN: TI ending physicia this certificate te burial-transit and Mentol Hygi d or Item 18 sh		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH D	AY YEAR	JRRED (ENTER NATURE OF INJURY IN ITEM 18, PART	I OR PART 2)
DIVISION OF VITAL RECORDS	ING PHYSIC r attending After this cer as the burio lith and Ment larked or Itel	MEDICAL	21d. INJURY OCCURRED WHILE ON WHILE OF AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE.	211 LOCATION	CITY OR TOWN	COUNTY STATE
•	TTENDIN pital or TOR: Af for use a of Health		22a. I certify that (I) (this hospit sow the deceased alive on, above, (I) (we) (did) (did no	tol) ottended the deceosed from		n death occurred on the date and hour o	, ((/ /
	TAL OR A y the hos RAL DIREC detached fore Dept.		22b. SIGNATURE	Slime	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 11/28/82
	TO HOSPITAL TO FUNERAL should be det with the State		David Ji	rilmore Mi) 239 F	lorida Ax Salis	bury Mi)
	₹ 5 ± 4 3 ₹	-	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	Y 23d. LOCATION	OUNTY STATE
	BP	-	irial	12/1/82 Wi	comico Mem, Par	K Salishmer Wic	Marylane
	DHMH - 16 50M 4/B2 (VRA 15, 4)		uneral director HOTTOWAY Fline	eral Home, Sa	256. 0	ATE RECTOR RED STORE MARGISTRA	RESIGNATURE DE LA LIC
		-	und	TO SELLIONIO			The second secon



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2		1-	FOR STATE			HEALTH AND MENTAL HYGI	ENE 6 2	3 0	5 1 0
			REGISTRAR			FICATE OF DEATH	REG. NO		
	. m 4		CEASED NAME FIRST OR PRINT)		AIDQLE	LAST	2a. DATE OF DEATH	Y YAO HTHOM	Zb. HOUR
	oy be oge 3 death		1100	Ward		nis	11-6	- 8 2	10 PM
	m. p.	3. SE	1.1-	4 RACE	S. DATE (AGE (IN YEARS LAST BIRT		OAYS HOURS MIN
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	LANGE OF E	AC BI	RTHPLACE (S ATE OR FOREIGN DUNTRY)	76 CITIZEN OF	WHAT COUNTRY? 8 MARRIE	D NEVER MARRIED	9. BALTIMORE CITY O	COUNTY OF DEA	ЛН
		10.73	THOR TOWN OF DEATH	11 NAME OF I	WIDOW HOSPITAL, NURSING HOME		126 USDAL OCCUPATE	ON 1125 K	MD.
-	1 11 9/0	1	4-1-1	IF NOT IN SUC	H FACILITY, SINE TREET ADDRESS)) A	(TYPE OF WORK FOR MOST O	WORKING LIFE) INDU	
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	sign hen to bu	NO	PART 2 OTHER SIGNIFICAN	COMDITIONS CC	JNIKIBOTING TO DEATH BO	INOT RELATED TO THE TERMI	INAL DISEASE OR CON	SITION GIVEN IN FA	KT IIO
RECORDS	been been prior	ATK	19a DATE OF OPERATION	196 CONDI	TION FOR WHICH OPERATIO	ON WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE F	
I RE	ws pe	CERTIFICAT					YES NO	YES T	AUSES OF DEATH?
OF VITAL	ICIAN: The physicio physicio errificate hiol-transit ntol Hygie em 18 sho	CER	210. ACCIDENT WAS UNDERLYING		FINJURY M. MONTH DAY YEAR	21c. HOW INJURY OCCURR	ED (ENTER NATURE OF INJUR	TY IN ITEM 18, PART 1 OR PA	ART 2)
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O	o A bus day	MEDICAL	21d. INJURY OCCURRED	21e. PLACE (OF INJURY REET, FACTORY, OFFICE, FARM, ETC.)	211 LOCATION STREET	CITY OR TOW	'N COUN'	ITY STATE
DIVISION	() = a = 6 9	2	AT WORK AT WORK						
_	ol or ol ol or ol ol or ol ol or ol ol ol or ol		22a I certify that (I) (this has		e deceased from	dy 13, 19 51	10 MOV	7 19 88	
	for the spirit		sow the deceased alive obove (It (we) (did) (did	not view the body	2 19 X Z , a	nd that is (my) (our) opinion a	leath occurred on the de		
	OR AT DIREC Oched (Dept. of		22k SIGNATURE	10	111	DEGREE ATTENDING	MEDICAL STAI		DATE SIGNED
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	etoined TO HOS TO HOS MAPONI	00.2		I I I I	Ton Marie Co.	CEMETERY OR COTTO	12MNOCATION	0	
	PD	23	URIAL CREMATION, REMOV	AL 23b. DATE	-07 12 1	CEMETERY OR CREMATORY	Dirightown	COUNTY	TATE
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DH	IMH - 16 50M 7/77 (VR A 15 (4))	1/1	THIS VE	417	ADDRESS ON JO	LA SOLL NO	V 1 6 1982	200	

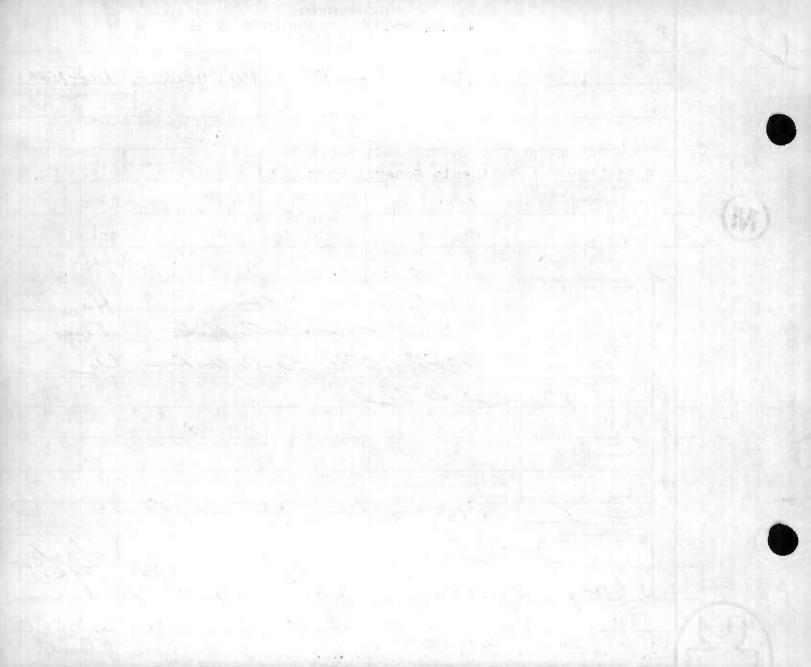
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1		Canditia	ns, if any, which		DUE TO, O	R AS A CO	NSEOUENCE	OF									
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		PART 2 OTNER S	IGNIFICANT CONDITIONS	CONTRIBL	JTING TO DEATI	BUT NOT REL	ATED TO THE TEL	MINAL DISE	ASE OR CONDIT	ION GIVEN IN PA	ART 1 (a).						
1	CERTIFICATION	19a. DATE OF	OPERATION		19b. COND	ITION FOR	WHICH OPE	RATION	WAS PERFO	RMED?						20 AUTOPSY	17
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	¥	WHILE AT WORK	OCCURRED NOT WHILE AT WORK]		OF INJUR'	Y (AT HOME, ETC.)	21f. I	OCATION STREET			CITY OR TO	NWN		COUNT	Y	STATE
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		SIGNATURE.	11	(/	2				M.D. De	outy	MED	ICAL EXA	MINER		DATE SIGNED	$\frac{12}{2}$	2 /82
-		YASHIER'S TYPE OR PRI	NAME Earl	L.	Roye	er, I	M.D.		ADDRESS	409			AVe	.,5	ali	sbury	, Md.
2	BUI	rial, crema 111	ITION, REMOVAL	12/	3/82	23c. Sp1	NAME OF C	METERY 111	OR CREMA	Gard	iens	Sal	isbu	ry,	Wi	C., M	ď.
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		FOR		STATE OF MARYLAND	S) 43	20313
	1.	STATE REGISTRAR	E PEPAKI	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. NO.	3 0 0 1 0
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MO	ONTH DAY YEAR 26. HOUR
page r deort		Flizabe	eth Ellen	ELLIOTT	NOVEMBER	29 1982-1520 M
or, po	3. SE.	(4 RACE	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHD.	AY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
0015		PMALE STATE OR FOREIGN	White	oct. 9, 1906	76	YRS.
12 72 P		OUNTRY)	76 CITIZEN OF WHAT COUNTRY	MARRIED MEVER MARRIED	9 BALTIMORE CITY OR C	
4 10	10. Č	aryland TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	WIDOWED DIVORCED DIVORCED NG HOME OR OTHER INSTITUTION	Wicomic	7.10.
13 130		Salisbury	Peninsula G	eneral Hospital	Seamstres:	ORKING LIFE) INDUSTRY
1 16	IAI!	aryiand Wicon		ITY YES NO		rine Road
120	114. FA	Harvey	Parker	15. MOTHER'S MAIDEN NA Jennie	WIDDIE	Farlöw
Popes medical	16a V	(AS DECEASED EVER IN U.S. AR ES, NO OR UNKNOWN) (IF YES, GIV		URITY NO. 17. INFORMANT (SC	Elliott, E	aWest STreet 19956
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Spermer The permet. The permet The permet. The permet T	CERTIFICATION	19a. DATE OF OPERATION		H OPERATION WAS PERFORMED		OB. IF YES, WERE FINDINGS USED N CERTIFYING CAUSES OF DEATH? YES NO
is certificate burial-transmental Hya		210. ACCIDENT WAS UNDERLYING CONCONTRIBUTING CAUSE OF DEA	HOUR A.M. MONTH D	AY YEAR	RED (ENTER NATURE OF INJURY IN	NITEM 18 PART 1 OR PART 2)
s the burial- ond Menta	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE,	211 LOCATION	CITY OR TOWN	COUNTY STATE
TOR: Affor use of Health		sow the deceos in the	to the deceased from 19	and that in (my) (our) opinion	deoth accurred an the date	ond hour and fram the causes stated
oched Oched Dept. If Item		22b. SIGNATURE	Ale	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	122. DATE SIGNED
At te te			m manual V	122e ADDRESS d) 111	NICV 110C	UST (TDEET
FUNERAL old be den the Stote		22d PHYSICIAN'S NAME TYPE		401	4 - 4 /	3/4/2/
should be detoo with the Stote D	230 0	J. GARY	GREEN	SALISIS	URY Md	10816
TO FUNERAL should be determined by the Strone with the Store IMPORTANT:	23a. B	1224 PHYSICIAN'S NAME TYPAC J. G. J. K. V.	GREEN 236.	NAME OF CEMETERY OR CREMATORY ATSONS CEMETERY	23d. LOCATION CULTUR TOWN Salisbury	Wic., Maryland



(VRA 15, 4)

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FOR - STATE REGISTRAR

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH REG. NO LAST 20. DATE OF DEATH DECEASED NAME 7b HOUR (TYPE OR PRINT) Susie Doughty 4 RACE 6. AGE (IN YEARS LAST BIRTHDAY) DAYS Female Bl.ack MONTH 1895 Apri 9 BALTIMORE CITY OR COUNTY OF DEATH 70. BIRTHPLACE (STATE OR FOREIGN 76. CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED

YESAT

Md. U.S.A. 10. CITY OR TOWN OF DEATH

USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)

Worcester

18. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and

IMMEDIATE CAUSE (a

136 COUNTY

WIDOWED 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION NOT IN SUCH FACILITY, GIVE STREET ADDRESS)

13c. CITY OR TOWN

Pocomoke

LAST

12n USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) INDUSTRY Peninsula General Hospital

> NOF 15. MOTHER'S MAIDEN NAME

> > Annie Mears

Domestic 13e, STREET ADDRESS 13d. INSIDE CITY LIMITS? 516 Laurel St.

Wicomico

MIDDLE

LAST

176 KIND OF BUSINESS OR

Retired

John Harmon 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? (YES, NO OR UNKNOWN) (IF YES, GIVE WAR OR DATES)

PART I, DEATH WAS CAUSED BY:

166 SOCIAL SECURITY NO. 17 INFORMANT Chancey Doughty-518 Laurel St. Poc., Md. 220-12-1603

DUE TO, OR AS A CONSEQUENCE OF

ADDRESS

Conditions, if ony, which gave rise to immediate cause (o), stoting the underlying couse

19g DATE OF OPERATION

21d. INJURY OCCURRED

210 ACCIDENT WAS UNDERLYING

OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)

NOT WHILE

Salisbury

13n STATE

Md.

14 FATHER'S NAME

DUE TO, OR AS A CONSEQUENCE OF

PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 to

196, CONDITION FOR WHICH OPERATION WAS PERFORMED

216. TIME OF INJURY HOUR A.M. MONTH DAY YEAR

P.M 21e. PLACE OF INJURY

19 (AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

211. LOCATION STREET

ATTENDING

CITY OR TOWN

STAFF

PHYSICIAN (

COUNTY STATE

22r. DATE SIGNED

NO F

20b. IF YES, WERE FINDINGS USED

YES [

IN CERTIFYING CAUSES OF DEATH?

22a.1 certify that (1) (this haspital) attended the deceased from 1980 sow the deceased alive on_ and that in (my) (pinian death accurred on the date and hour and from the causes stated obove, (1) (we) (did not) view the body ofter death.

22d. PHYSICIAN A NAME RASSO

23c, NAME OF CEMETERY OR CREMATORY Burton Cem.

22e ADDRESS

23d. LOCATION

MEDICAL

DIRECTOR

WOV 23 1982

20a AUTOPSY?

21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2)

NOF

Mel'Ta, WAccomackowiy Va. 25a. DATE REC'D. BY REGISTRAR 25b. REGISTRAR'S SIGNATURE

(VRA 15, 4)

DHMH - 16 50M 4/82

Mental h

should be deta with the State [

24. FUNERAL DIRECTOR o. Th E. M. Whan

(SPECIFY)

23a. BURIAL, CREMATION, REMOVAL

Burial

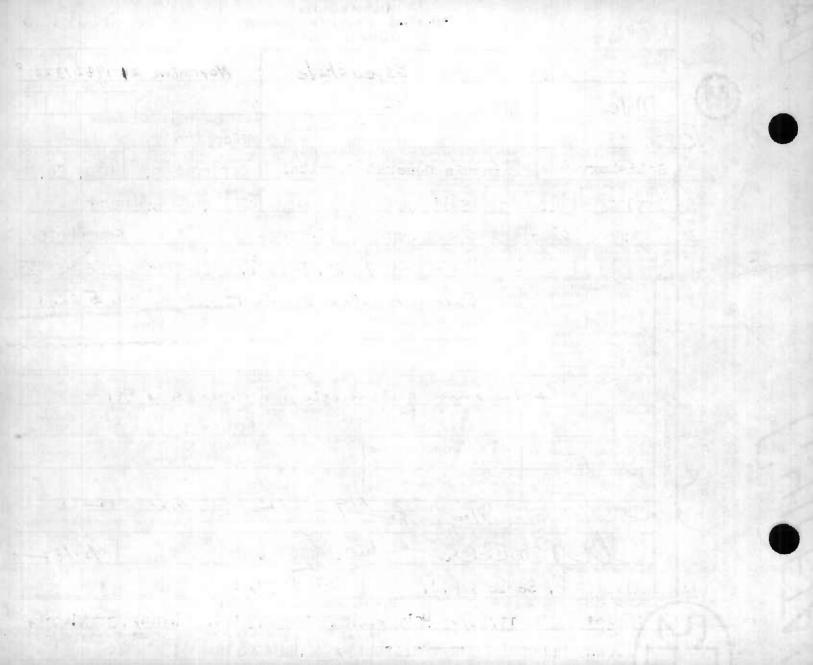
23b. DATE

11-20-82

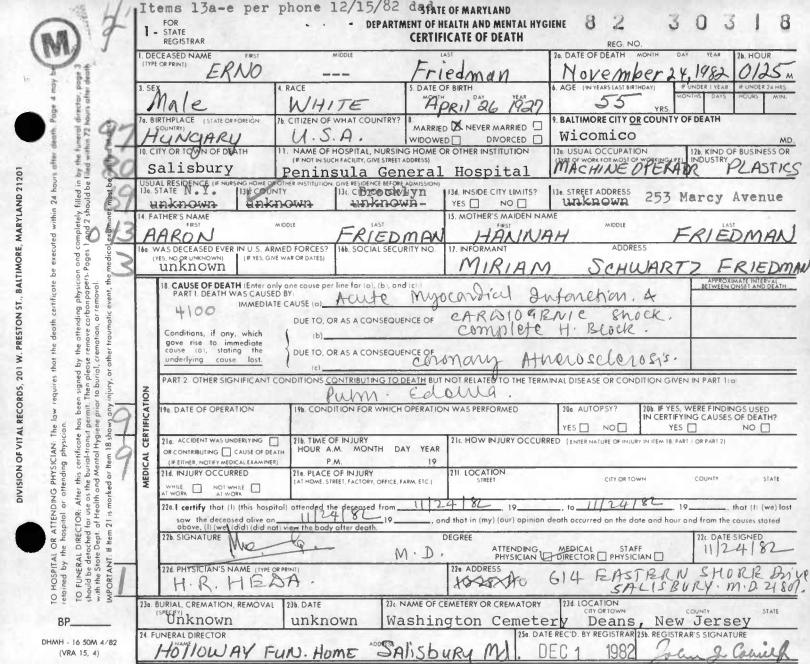
Accomac. Va. 23301

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	1.	FOR STATE REGISTRAR	DEI	PARTMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	GIENE 🖒 💪	30310
		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH	MONTH DAY YEAR 26. HOUR
e f	(TYPE	Charle	s Milton	Espenshade	Novemb	ier 21 1982 1323
AAA	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRT	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN
ALAS)		Male	White	1-6-1910	72	YRS.
on 176		RTHPLACE (STATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COU	MARRIED NEVER MARRIED	9 BALTIMORE CITY O	R COUNTY OF DEATH
1 12		ennsylvania	USA	WIDOWED DIVORCED URSING HOME OR OTHER INSTITUTION	Wicomico	ON 126 KIND OF BUSINESS OF
- P - E C	S	alisbury	Peninsula		(TYPE OF WORK FOR MOST OF	eworking life) INDUSTRY Mfg. CO.
ould be	130 M.C	AL RESIDENCE IN HURSING HOME OF	ROTHER INSTITUTION, GIVE RESIDENCE NTY 13c. CITY O		13e STREET ADDRESS 420 South	Boulevard
> = = = = = = = = = = = = = = = = = = =		arvland Wic	<u>omico ISali</u>	SDUTY YES NO I		Dunteyaru
16 July 2		FIRST	rence Espe	sinshade Florence	WIDDLE	Eggenhofer
200		WAS DECEASED EVER IN U.S. AF	RMED FORCES? 166 SOCIA	L SECURITY NO. 17. INFORMANT	ADDDE	
Poges medico	No	YES, NO OR UNKNOWN) (IF YES, GI	VE WAR OR DATES) 160-	10-0167 Mrs. Mary	(wife)	hade same as #1
the the	-	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUSE				APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
mov	10.3	PART I. DEATH WAS CAUSE	TE CAUSE (0) Cere	bro Vascular acces	lent	5 days
or re of re	10	4360	DUE TO, OR AS A CON			
remove corb emation, or er troumatic		Conditions, if ony, which gove rise to immediate	(b)			
remo		couse (a), stating the underlying couse lost.	DUE TO, OR AS A CON	SEQUENCE OF		
oleose rial, cre ar oth			(c)		District On Colum	
Then s to bu njury.	Z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTION	of to DEATH BUT NOT RELATED TO THE TER	ost worat	· Ch
prior ony ir	CERTIFICATION	190. DATE OF OPERATION	196. CONDITION FOR V	WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED
per per pows	TIFIC				YES NO	IN CERTIFYING CAUSES OF DEATH? YES NO NO
Hygi 18 sh	E E	210. ACCIDENT WAS UNDERLYING	110110 4 44 440017		IRRED (ENTER NATURE OF INJUR	RY IN ITEM 18, PART 1 OR PART 2)
Mentol Hygor Item 18 sh	NA S	OR CONTRIBUTING CAUSE OF DE	AIR	19		
_ 0	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY,	OFFICE, FARM, ETC.) 21f LOCATION STREET	CITY OR TO	WN COUNTY STATE
olth and morked	-	MHILE NOT WHILE AT WORK				
Heol S		220.1 certify that (I) (this hosp	4.6 /	0	, 10	ote and hour and from the couses stated
d for 7. of 7. of 7. of			ot) view the body after death.		n deoth occurred on the do	
Oche Dep		22A SIGNATURE	60000	- LO ATTENDING	MEDICAL STAF	IF JULY DATE SIGNED
Z Z det	-	22d, PHYSICIAN'S NAME (TYPE	OBBINITY	PHYSICIAN 1224 ADDRESS	DIRECTOR PHYSIC	IAN 1 1/21/82
should be detack with the State D			Sadler, M.I	1000 2000000	ry, Marylar	hd
shour With	220	BURIAL, CREMATION, REMOVAL		1236, NAME OF CEMETERY OR CREMATORY		lu .
	230.	(SPECIFY)	11/24/82	Holy Sepulchre Cemet		phia, Pennsylvania
	24 F	Burial UNERAL DIRECTOR	111/24/8/	25a. D.	ATE REC'D. BY REGISTRAR	256. REGISTRANS SIGNATURE
16 50M 4/B2		HoTToway Fun	eral Home. ^	Salisbury, Md NO	V 2.3 1982	Som de com de



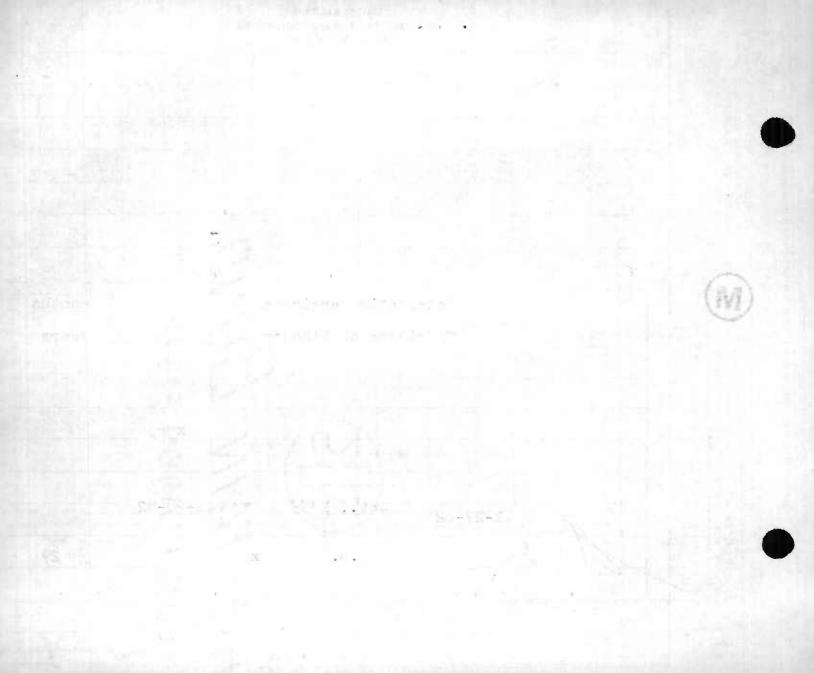
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	4	1-	FOR STATE				MENT OF	HEALTH	AND MENTAL		5 2		3 (0 3		9
		1. DE	REGISTRAR CEASED NAME	FIRST	ME	MIDDLE	EVAMIN	IER 3 C	LAST	OF DEA		REG.		TH DAY	YEAR	2b HOUR
	Mark C	(TY)	E OR PRINT	SAL	DIE N	1.	GAR	DINE	R	_	OF DEATH	MATED	0 1	16	1982	0014
	(M)	3. SE	F	1. RACE	S. DATE OF BIRTH	YEAR	LAST BIRTHD	ARS IF UN AYI MONTH	DER 1 YR. IF UNDI	ER 24 HRS. MIN.	2c. DATE PRONOUI DEAL	NCED	II II	H DAY	YEAR 1981	26 HOUR
	SE MORES	FC	RTHPLACE (ST REIGH COUNTRY) Maryla		7b. CITIZEN OF WI	A COUN	TRY?	MARRI	ED NEVER MAR		9 BALTIA	AORE CIT	ORCOL	4		MD.
	PAGE PAGE		TY OR TOWN		IL NAME OF HOS	CILITY, GIVE ST	RSING HOM	E, OR OTH	med Ct.	FOR A	JAL OCCU MOST OF WO alesp	RKING LIEE)		_ 0	ND OF BU: R INDUSTR Wart	SINESS
21201	ANY DELA AND 3 TO RETAIN PA HOULD BE I	13a S	TATE Md	(IF IN NI	ROTHER INSTITUTION, GI	13c CITY	DEFORE ADMISSI	ION)	13d. INSIDE CITY HINTS? YES NO [13-STR		ESS		e 2	21218	3
E, MD.	S 1, 2, PM 3.	14. F/	ATHER'S NAME EIRST John	Josen	WIDDLE		llaney		15. MOTHER'S MAI	IDEN NAME	,	MIDDLE			LAST	
MOR		16a. \		EVER IN U.S. ARA			IAL SECURIT		17. INFORMANT	gdeler	1	ADDRE	SS	indn	ier_	
IALTI	S'AFT SINE TH R PAGE VISIO		No	TIE TES, GIVE	WAR OR DATES)				Mrs. A	nita	Stait	a, S	alis	oury	, ME)
N ST., I	OUR G WII. IE, DI		PARTIDE	ATH WAS CAUSED	y ane couse per line) BY: 'E CAUSE (0)	for (a), (b)	, ond (c).)	lize	Avea	42.				BETY	PPROXIMATE WEEN ONSET	AND DEATH
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RECORDS,	ULD BE EXECUTED WITHIN 24 H "PENDING" IN PENCIL IN ITEM F MEDICAL EXAMINER ALONG ED AS A BURBLI- TRANSIT PER HEALTH AND MENTAL HYGIEN AL, CREMATION, OR REMOVAL	NO	PART 2 OTNER SIG	GNIFICANT CONDITIONS (CONTRIBUTING TO DEATH	BUT NOT RELA	TEO TO THE TERM	AINAL OISEASE	OR CONDITION GIVEN IN	PART I o						
	SHOULD FORD "PEN CHIEF MISE USED A MIT OF HEAM SURIAL, CI	CERTIFICATION	19a. DATE OF	OPERATION	196 CONDI	TION FOR	WHICH OPER	RATION W	AS PERFORMED?					20	AUTOPSY?	
OF VITAL	WORD WORD TE CHIE ENT OF	RI	21a EXTERNA	L CAUSE WAS	216 TIME OF	IN II IDV		121, 40	OW INJURY OCCUR	DED SENTER	NATURE OF I	141BV 1117F	10.0407.1.0		YES	NO 🖢
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DIVISION	S 2 2 2 E S	MEDICAL	21d. INJURY C WHILE AT WORK	NOT WHILE C	21e PLACE (STREET, FACE	OF INJURY TORY, FARM, ET			CATION		CITY OR TO	NWC		COUNTY		STATE
	F		22ø. 1 certif	y that I took charge	e of the remains des			Autops			Inquiry		and in my	opinian		
-	EXAMINER: CERTIFICATE OULD BE FOR L DIRECTOR: 1, WITH THE S MARYLAND,		death resulte	ed from:	ol couses [],	Accident	L, Su	oicide	, Homicide L. TITAE (SPECIFY)	- Undet	ermined m	anner	١.	11	10	
	RE, M		SIGNATURE	/ non	Livon	h	_	M	D. Deput	MED	ICAL EX A	MINER	DA SIG	IE NED	-6-8	1_
	TO MEDICAL EXAMINER: EXECUTE THE CERTIFICATE PAGE 4 SHOULD BE FOR TO FUNERAL DIRECTOR: AFTER DEATH, WITH THE SHATIMORE, MARYLAND,		EXAMINER'S (TYPE OR PRIN	NAME FAV	16.	Ko.	Jer		ADDRESS 409		len	Ave.	Sal	ishu	myll	10
	BA TA B A	23o.B	URIAL, CREMAT SPECIFY) Burial	TION, REMOVAL 2	11/9/82		NAME OF CE		r CREMATORY	23d LC	OCATION ORTOWN	15-0	C	OUNTY	1D	ATE
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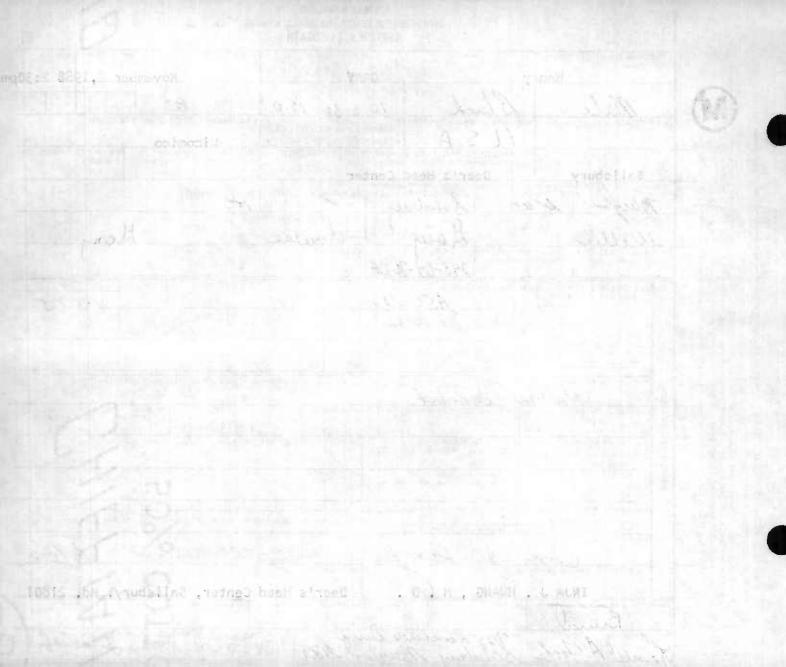
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

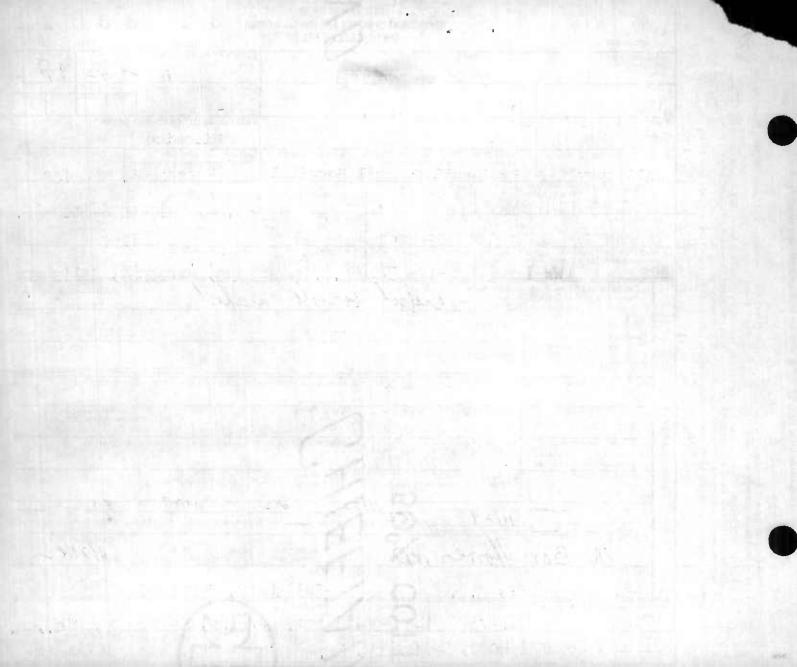
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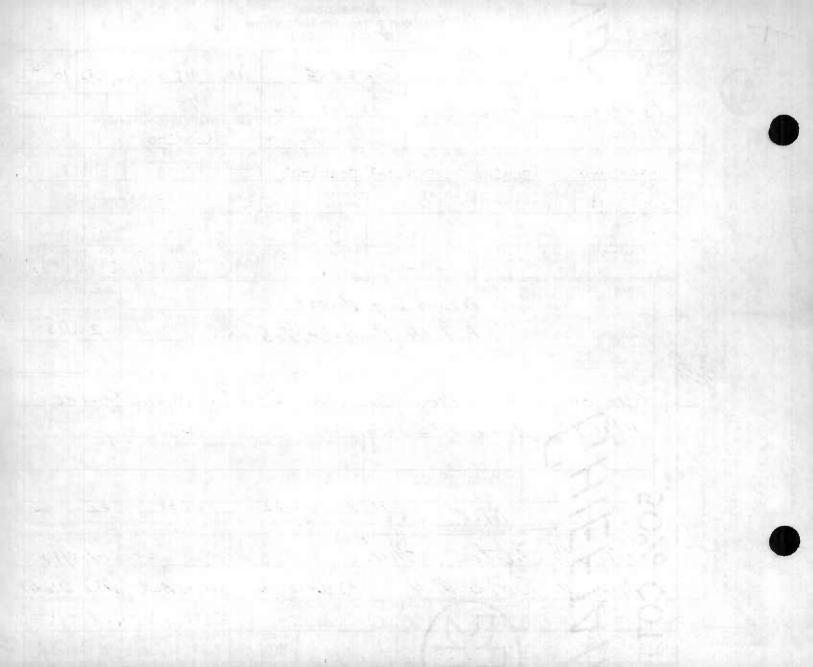


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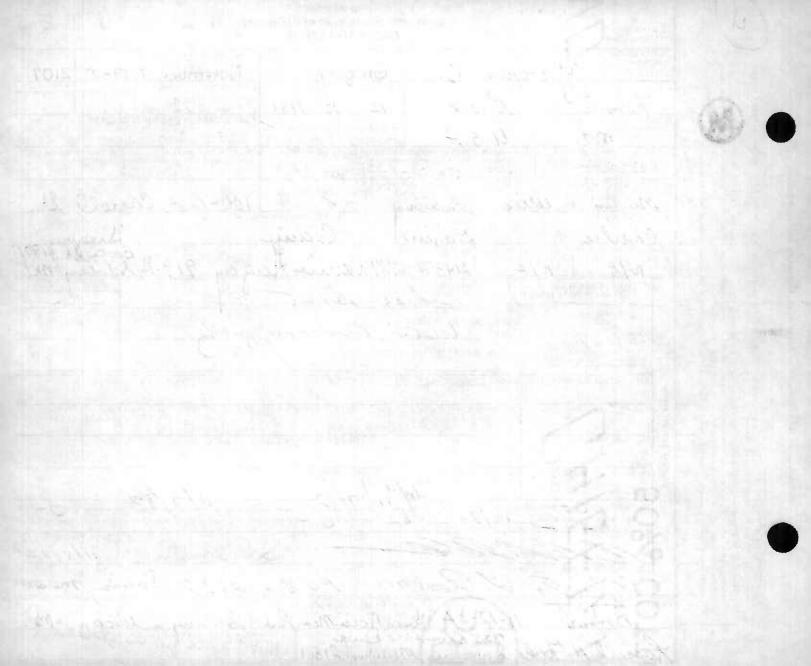
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8	1-	STATE REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
e m.e `		EASED NAME FIRST	Dotor	Cookboat	20. DATE OF DEATH MONTH	29 42 9 7
Your I	S. SEX		4. RACE	S. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHOAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
oge 4		THPLACE (STATE OR FOREIGN	White	Sept. 22, 1897	85 YRS	
9.75 P.75	- 0	ennsylvania	USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	MD.
the t	10. CIT	Y OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	G HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING	12b. KIND OF BUSINESS OR INDUSTRY
hours of in by		ALISBURY L RESIDENCE LIF NURSING HOME OR A LATELLE 13b. COUN	OTHER INSTITUTION GIVE RESIDENCE BEFORE		I aw Enforcen	ntl Police
1 th	Ma	rytand Wic	omico Salisb		Rt 3 Walct	ton Switch Rd.
with mpletel ond 2	14. FA	George Was	hington Gearh	FIRST	WIDDLE	Izer LAST
e execute	(46	AS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	RITY NO. 17. INFORMANT	P.O. Box	259
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that the d d by the at ease remov ol, cremati		gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO, OR AS A CONSEQUE	NCE OF		
signed hen ple to burit hjury, o	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OR CONDITION (GIVEN IN PART 100
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TTENDING pitol or of Ton Use os of Health of 21 is mark		22a.1 certify that (I) (this heapt sow the deceased alive on above, (I) (we) (did) (did not	11/29 19	, ond that in (my) (our) opinion	n death occurred on the date and h	nour and from the couses stated
ral OR a y the hos Ral DIREC detoched ote Dept.		22b. SIGNATURE M Ber	1 Horres my	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	1221. DATE SIGNED
HOSPII bined b		W. Ben Hor	ner, M.D.	220. ADDRESS Salish	oury, Maryland	
F -	23a BI	URIAL, CREMATION, REMOVAL	23b. DATE 23c. N	AME OF CEMETERY OR CREMATORY	236. LOCATION CITY OR TOWN	COUNTY STATE
	24 FII	PERAL DIRECTOR_	12/4/82 Sp	250 DA	jardens, Salis	bury. Wic .Md
DHMH - 16 50M 4/B2 (VRA 15, 4)	Ho	Howay Funera	al Home, Satis	sbury, Md. DE	C 3 - 1982 Sou	an I Cohiel



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or after the easthe aith and morked	4	MHILE NOT WHILE AT WORK		W/M 1-7/82	11/2	1900
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OR ATTE e hospiro DIRECTO sched for Dept. of t		saw the deceased alive on above, (1) (me) (did) (did not) v	view the body after death.	DEGREE	death accurred on the date	and hour and from the causes stated
AL OR AL DIR. (AL DIR. detache ote Dep	a		ne	-	MEDICAL STAFF	22c. DATE SIGNED
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		101	9/1/	000	217/	17/ 10 0 00
D HOSP tained the Sound be with the S		Lanvor	D. Claar	LO 120	2650	Jaluby mode
of Shoot Sho		RIAL OR MATION REMOVAL	23b. DATE 23	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY SIAF
BP	0		23b. DATE 11-12-82 X	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY MASS



	1	FOR		STATE OF MARYLAND	8 2	30396
	1.	- STATE REGISTRAR	DEFA	CERTIFICATE OF DEATH	REG. NO.	0 0 0 2 0
E &		CEASED NAME FIRST	inia Elizabe	+h Ga CC	20 DATE OF DEATH MONTH	130182 11.15
9000	3. SE		4 RACE	5. DATE OF BIRTH	6 AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS. MONTHS DAYS HOURS MIN.
		Female	White	Feb. 19, 1923		rs.
36		RTHPLACE (STATE OR FOREIGN COUNTRY) Baltimore, M	The CITIZEN OF WHAT COUNTI	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	JNTY OF DEATH
Softied or will	10. 0	Salisbury		RSING HOME OR OTHER INSTITUTION REET ADDRESS! Eneral Hospital	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Laborer	17b. KIND OF BUSINESS OF INDUSTRY FOOD Processir
Cust be	USU 13a.	STATE 136 COU		FOREADMISSION) OWN 138. INSIDE CITY LIMITS NSOURGE YES NO NO	5? 13. STREET ADDRESS	ston Switch Ro
July Sho	14. F	ATHER'S NAME FIRST	MIDDLE LAST	15. MOTHER'S MAIDEN	NAME	LAST
2 2	16a \	Ernest Fr	ranklin Lew		Ellen ADDRESS	Cartwright
medico		YES, NO OR UNKNOWN) (IF YES, GI	1VE WAR OR DATES) 218-20	-4932 Mr. James	E. Griffin	same as #13
sieose remave co riol, cremotion, o or other troumo'		Conditions, if pny, which gave rise to immediate cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSE	OUENCE OF	Bicuberes.	, ,
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iene pric	CERTIFICATION	190 DATE OF OPERATION	19b. CONDITION FOR WH	ICH OPERATION WAS PERFORMED		IF YES, WERE FINDINGS USED CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
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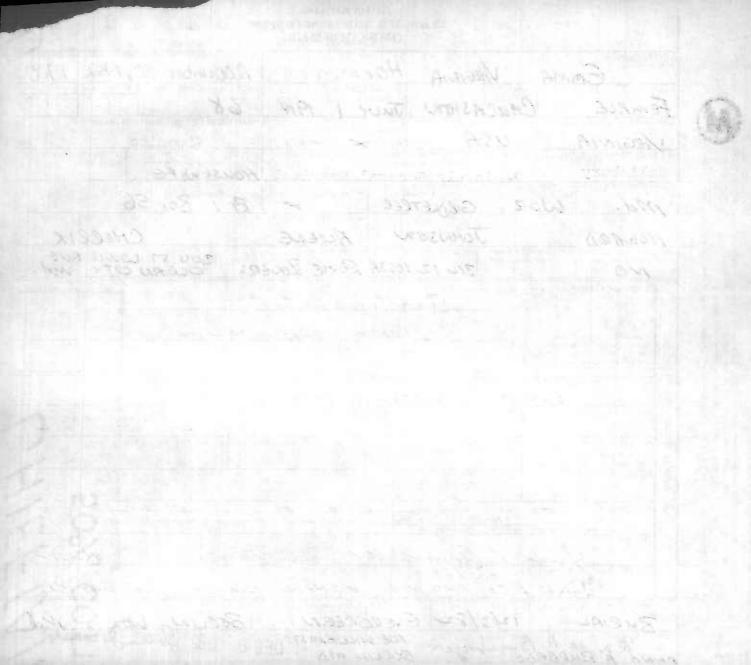
STATE OF MARYLAND FOR DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE REGISTRAR REG. NO DECEASED NAME KNOWN b. HOUR (TYPE OR PRINT) 10A Willard George Grimsley DEATH MATED 2d HOUR SEX IF UNDER 24 HRS DATE LAST BIRTHDAY) PRONOUNCEL Male 91 DEAD 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED X NEVER MARRIED Washington DIVORCED 10 CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR INDUSTRY Retired Federa Delmar BE 3. RETAIN P. SHOULD BE 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS and Delmar Box 245A YES BURIAL - TRANSIT PERMIT. PAGES I AM DA 33.
AND MENTAL HYGIENE, DIVISION OF VITAL I ATTION, OR REMOVAL. 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME MIDDLE Grimslev Adams George Morgan Mona 17. INFORMANT Same Grimsl 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 166. SOCIAL SECURITY NO as IYES, NO, OR UNKNOWN LIF YES, GIVE WAR OR DATES 577-01-7353 eanor APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., PART I DEATH WAS CAUSED BY Drowning IMMEDIATE CAUSE (a DUE TO, OR AS A CONSEQUENCE OF EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN I PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER AL TONECTOR, PAGE 3 SHOULD BE USED AS A BURIAL - TRANSIT TO FER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYCA BAILTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMO' Canditians, if any, which gave rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (a) CERTIFICATION 196 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 20 AUTOPSY? YES 🔲 71a EXTERNAL CAUSE WAS 216. TIME OF INJURY 21¢ HOW INJURY OCCURRED LENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) HOUR A.M. MONTH Found floating in pond behind home. CONTRIBUTING CAUSE OF DEATH 21f LOCATION 21e PLACE OF INJURY 21d. INJURY OCCURRED LAT HOME, pond Will Tams Pond, Delmar, Wicomico, Md. NOT WHILE AT WORK AT WORK 220 I certify that I took charge at the remains described above, held an Autopsy and in my apinian Inspection Suicide X Hamicide Undetermined manner death resulted fram TITLE (SPECIFY ACTUAL Deputy MEDICAL EXAMINER SIGNATURE Camden AVe., Salisbury, Royer, Earl 23a BURIAL, CREMATION, REMOVAL 23b. DATE 23c. NAME OF CEMETERY OR CREMATO Sussex Delaware ewe's Delmarva Crematory DATE REC'D. BY REGISTRAR 10V 2 4 1982 24 FUNERAL DIRECTOR 255 REGISTRAR'S SIGNATURE **DHMH-17** HolToway Funeral Homes, Salisbury, Md. (VR A15 ME (5)) 15M 2/80

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DEPARTMENT OF HEALTH AND MENTAL HYGIENE

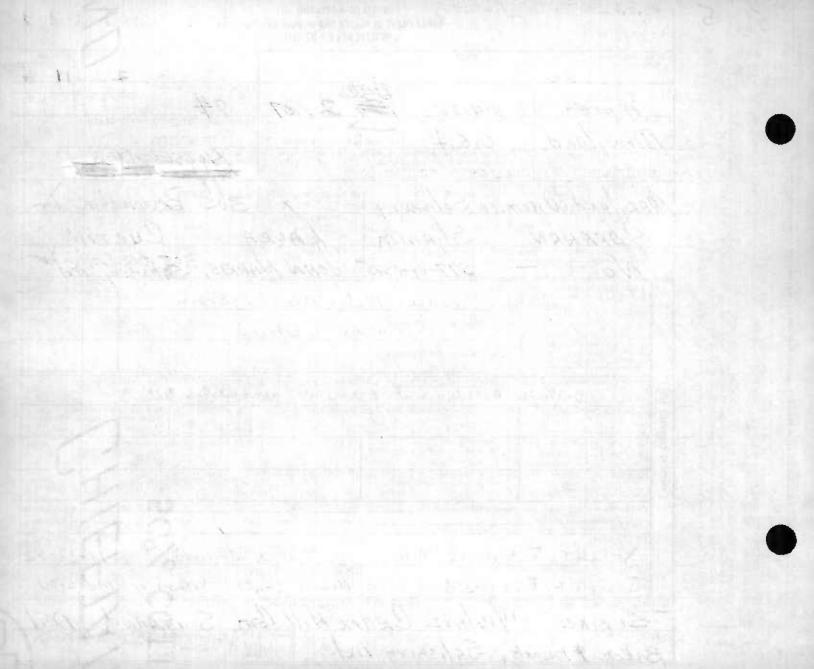
	1-	FOR STATE REGISTRAR	DEP		EALTH AND MENTAL HYG	REG. N	.	0 3	28
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3	/		TY 13c CITY OR GIVE RESIDENCE 13c CITY OR GILL		13d. INSIDE CITY LIMITS? YES NO	130. STREET ADDRESS	ox 56		
2	PA	HOWARD	JOHNS TOHNS	on	15. MOTHER'S MAIDEN NA AUENE	MIDDLE		RECE	IX
2			MED FORCES? 166 SOCIAL WAR OR DATES) 2/6/1	SECURITY NO. Z 1053H	POXIE ROGE	ERS ZOU	EAN CH	UIS 1	ave md.
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		220.1 certify that (1) (this hospital saw the deceased alive an obove, (1) (we) (did) (did not	11-30		11- 30- 19 8-2 nd that in (my) (our) opinion	deoth occurred an the de	1- 30, 19_ ate and hour and	£2, to from the c	thot (I) (we) lost causes stated
,		DE SEGNATURE Lam.	- 1. Oug	and M		MEDICAL STAI	FF _	22c DATE 5	51GNED 30/82
		27d PHYSICIAN TAME HYPE OR CHAMES	L. CLIFFORD	M.D.	#12 MEDICAL	CENTER	SALISA	gu RY	Me
	23a. B	BURIAL, CREMATION, REMOVAL	12/3/82		EMETERY OR CREMATORY	23d. LOCATION BELLIN	, wo	es	Mid.

DHMH - 16 50M 4/82 (VRA 15, 4)



5	1-	FOR STATE		MENT OF HEALTH AND MENTA CERTIFICATE OF DEATH		30329
		REGISTRAR CEASED NAME FIRST	WIDDLE	LAST	REG. NO. 20. DATE OF DEATH MO	ONTH DAY YEAR 26 HOUR
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1000	3. SE	FEMALE	4 RACE	S. DATE OF THE	6 AGE (IN YEARS LAST BIRTHD	MONTHS DAYS HOURS MIN.
Page direct hours	7a. BI	RTHPLACE (STATE OR FOREIGN	76 CITIZEN OF WHAT COUNTRY	7/90	9. BALTIMORE CITY OR	YRS. COUNTY OF DEATH
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by the fulled with		TY OR TOWN OF DEATH SALISBURY	11. NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE SALISBURY NURS		120 USUA OCCUPATION	KIND OF BUSINESS OR
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r requires that the death ce een signed by the attendin it. Then please remave carb iar to burial, cremation, or it y injury, or other traumatic	ATION	Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse last. PART 2 OTHER SIGNIFICANT OF THE PROPERTION	DUE TO, OR AS A CONSEQUENCE CONDITIONS CONTRIBUTING TO TO TO TO THE CONTRIBUTING TO TO TO THE CONTRIBUTING TO TO THE CONTRIBUTIONS TO T	reinoma of U		TION GIVEN IN PART ITO: A AK, 100. IF YES, WERE FINDINGS USED
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retoined by 11 TO FUNERAL should be det with the State		Joseph C. 1		Medical		buy Md 21801
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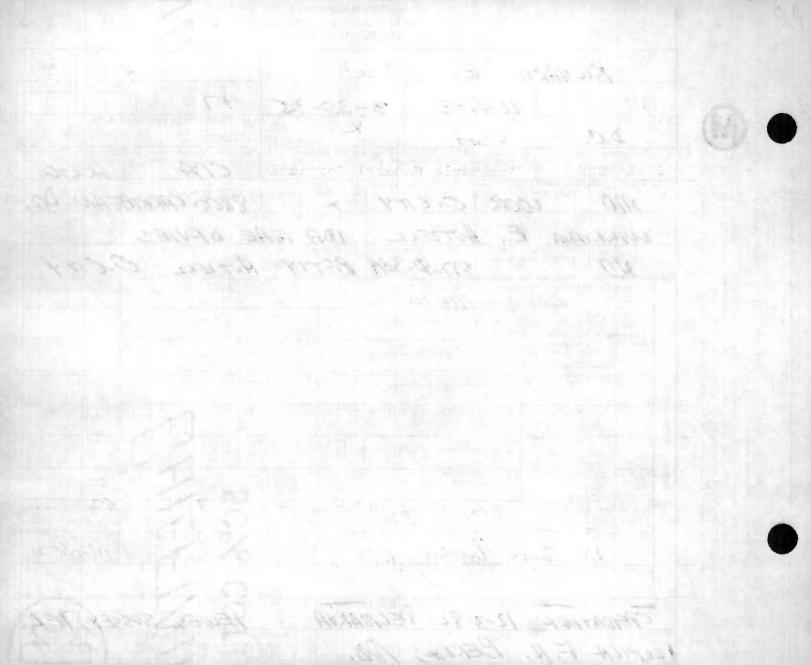


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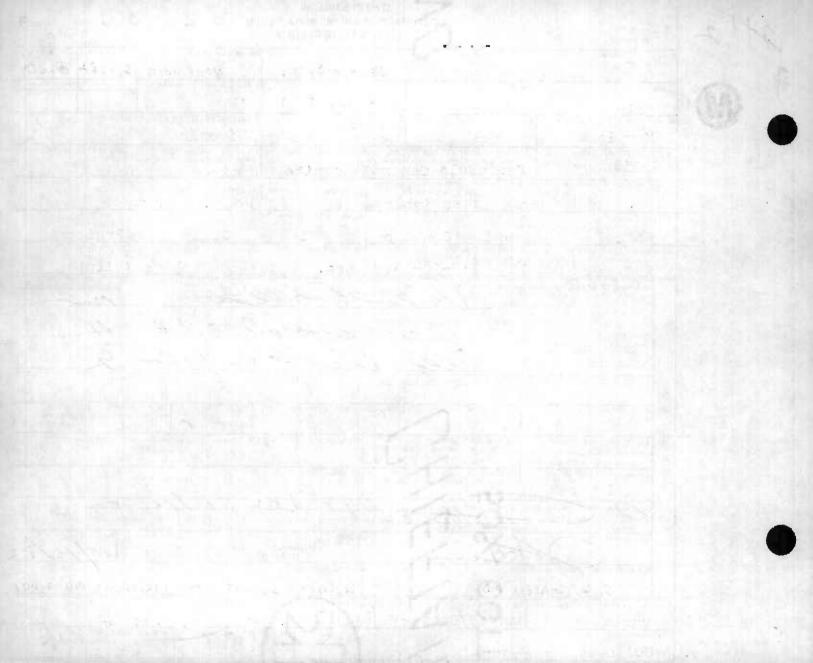
STATE OF MARYLAND

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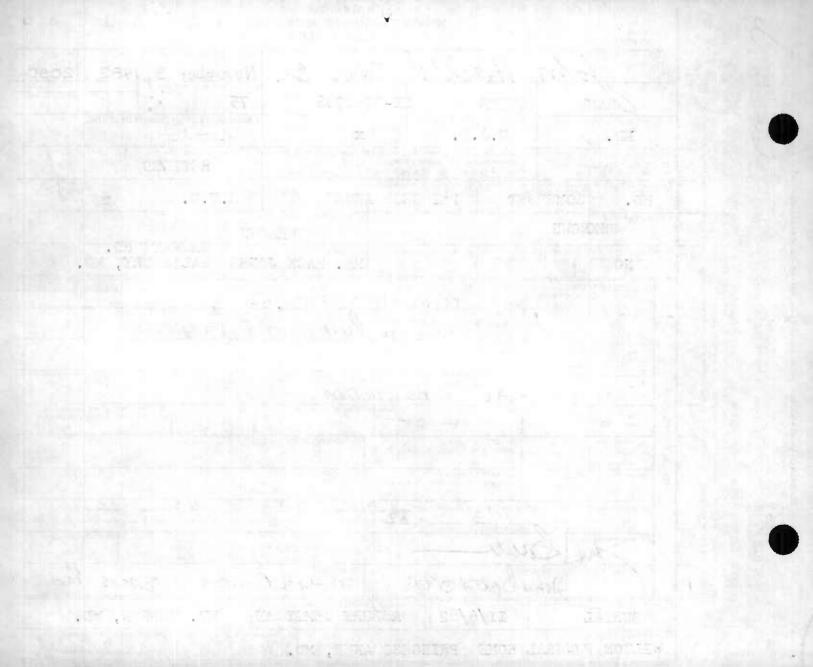
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	11.	FOR - STATE	DEPARTMENT OF HEALTH AND MENTAL	
		REGISTRAR	CERTIFICATE OF DEATH	REG. NO.
		CEASED NAME FIRST	MIDDLE	20 DATE OF DEATH MONTH DAY YEAR 26 HOUR
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that the		underlying couse lost.	DUE TO, OR AS A CONSEQUENCE OF	
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Z = 5 5 5		22a. I certify that (I) (this haspita	all) attended the deceased from /// 2 19	82, to 1/30 , 1952, that (1) to
ATTENDI ospital a ECTOR: A d for use t. of Heal		sow the deceased alive on_	11 10 19 62 and that in (my) (our) op	pinion death occurred on the date and hour and from the couses sto
on ATTEN hospital OIRECTOR: thed for us dept. of Hem 21 is	1	obove, (I) (we) (did) (did act) 22b. SIGNATURE	view the body after death. DEGREE	22c. DATE SIGNED
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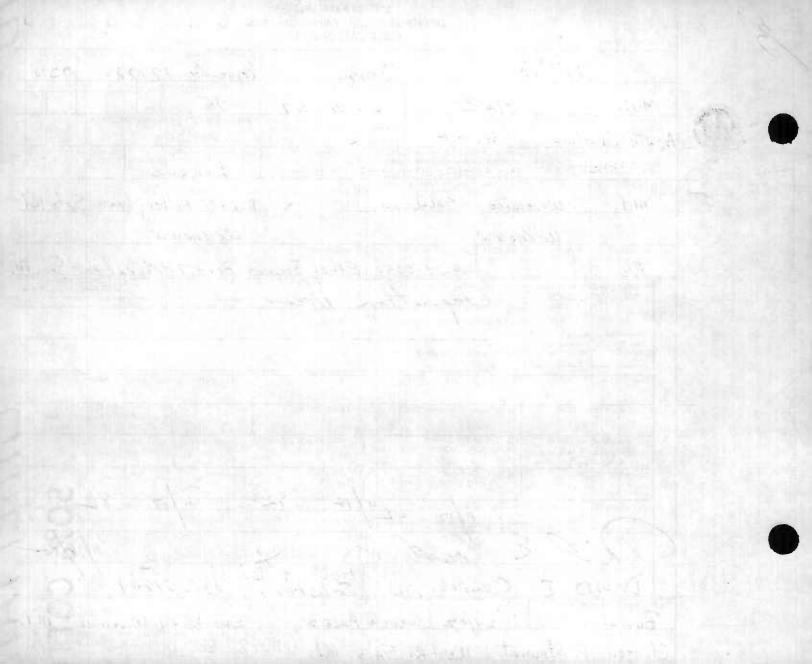
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DHMH - 16 50M 4/82 (VRA 15, 4)		Holloway Fune	ADDRESS	NUV	181982 John	- Jamely
(VIA 13, 4)			ral Home, Sa	ligh	a	



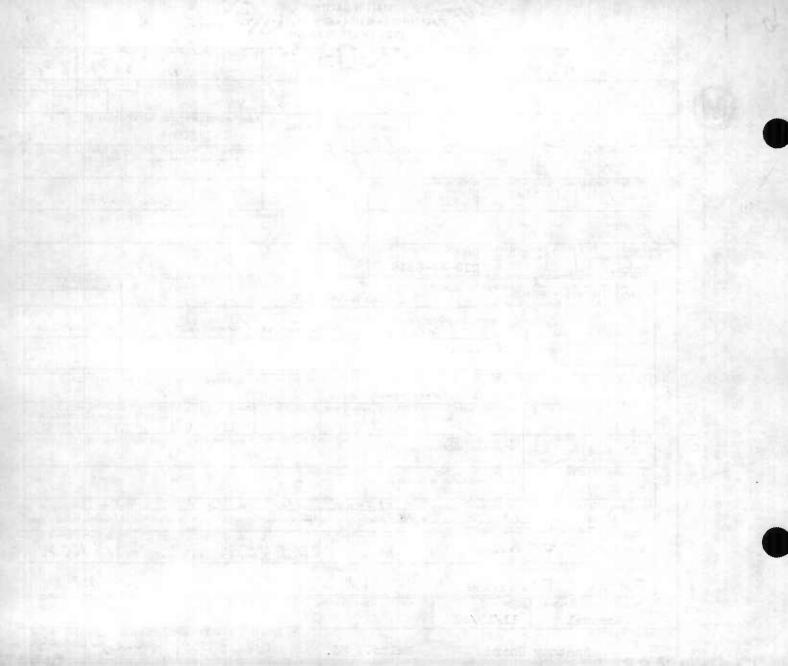
STATE OF MARYLAND



1			STATE OF MARYLAND		' en e eu e
3	FOR STATE REGISTRAR	DEPAR	TMENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH		30336
	1. DECEASED NAME FI	RST MIDDLE	LAST	REG. NO.	DAY YEAR 7h HOUR
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noy be	Wi	11) e	Jones	No vender 17/	982 10210 M
E d L	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
4 36 10 4	Male	Black	6- 21- 1907	75 YRS	MONTHS DAYS HOURS MIN.
2 6	To BIRTHPLACE (STATE OR FOREN	Th. CITIZEN OF WHAT COUNTRY	? 8.	9 BALTIMORE CITY OR COUN	
t	Wall Carolin	4 4.5.4	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicomico	
p p	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	MD. 12b. KIND OF BUSINESS OR
by the filled with	Salisbury	Peningula C	eneral Hospital	TYPE OF WORK FOR MOST OF WORKING	
- 0 in 0	BOUAL RESIDENCE (IF NURSING H	OME OR OTHER INSTITUTION, GIVE RESIDENCE BEFO	DRE ADMISSION)	LABORGE	
AND 2 AND 2 And filled fould b	130. STATE 13b	Wilsmico Salis		13e. STREET ADDRESS	LANE SAL'S Md.
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST., BALTIMORE, MARYLAND ING PHYSICIAN: The low requires that the death certificate be executed within 24 of the death of this certificate has been signed by the offending physician and completely fille os the buriol-transit permit. Then please remove carbonopopers. Pages I and 2 should the ond Mental Hygiene prior to buriol, cremation, or remarval.	14. FATHER'S NAME	Dicomico Dalis	15. MOTHER'S MAIDEN NA	Box 477 Anthony	LANG DAIS, MA.
AR will	FIRST	MIDOLE	FIRST	MIDDLE	LAST
complex complex of com		Un Krown		Unknown	
IMORE, e execut n ond co Poges medicol	160 WAS DECEASED EVER IN U (YES, NO OR UNKNOWN) (IF	VES, GIVE WAR OR DATES) 16b. SOCIAL SEC	CURITY NO. 17. INFORMANT	ADDRESS	1 01 101
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ALT of by the bore by the bore bers. of.	18 CAUSE OF DEATH (E	nter only one cause per ine or (o), (b), c	and icu		APPROXIMATE INTERVAL SETWEEN ONSET AND DEATH
L., BA			Time Men		
cert rborr rcer	IMA	MEDIATE CAUSE (0)	Tion prairie		
ESTOr death ottendi ove co tion, o oumot	3 3010	DUE TO, OR AS A CONSEO	UENCE OF		
der der ofte	Conditions, if any, wh				
the the eme	cause (a), stating		UENCE OF		
1 W by by ase I, cr	underlying cause la	est.			
ned ned not hold	PART 2. OTHER SIGNIFIC		DEATH BUT NOT RELATED TO THE TERM	WINAL DISEASE OR CONDITION O	IVEN IN PART 1(g)
RDS,	NO NO				
ow re	19a DATE OF OPERATION 21a. ACCIDENT WAS UNDERLY!	19h CONDITION FOR WHIC	H OPERATION WAS PERFORMED	20g AUTOPSY? 20b. IF Y	'ES, WERE FINDINGS USED
he lover the permeter of the p	FI		or Environ	IN CER	TIFYING CAUSES OF DEATH?
ITAL The sicror sicror sicror by sicror shows the showledge showl	T		1		YES NO
ON OF VITA HYSICIAN: The dring physicion as certificate buriol-transit Mental Hygiele or frem 18 sho	OR COLUMNIC COLUMN	110110 111 11011711	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM 1	8 PART I OR PART 2)
SICLA DE PORTO DE POR	(IF EITHER NOTIFY MEDICALE)		19		
PHYSICIAN: ending physic this certifical technicial modern and Mental Hydron and Men	(IF EITHER NOTIFY MEDICALE) 21d. INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY STATE
DIVISION PER OBTAINED PROPERTY OF THE OBTAINED	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
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OR: OR: OR: THe		hospital) attended the decrased fram	0 1	, 10	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
R ATTEN hospitol RECTOR hed for u spt. of He	above, () (we) (did) (did not) view the body ofter death.	, and that in (my) (our) opinion	deoth occurred on the date and h	
OR DORE	THE SIGNATURE	7 5 1/	DEGREE		TN. DATE SIGNED
	About	Cornell	ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/18/8-
PH.	224 PHYSICIAN'S NAME	(TYPE OR PRINT)	229 ADDRESS	500	1/
O HOSPITAL etrained by the TO FUNERAL Ishould be detained by the State Ishould he State Ish	DAMA	5. Cam. 11.	10 1300. ,5.	DIVISION 010	6)
TO HOSPITAL retained by t TO FUNERAL should be det with the State MMPORTANT:	Union	(COURTED)	NU Jalispan	1 NEX 218	
	230 BURIAL, CREMATION, REM	OVAL 236. DATE 236	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
BP	Bueis	11/24/82	PREEW ARLES	Splishyry L	Dicomics Md.
DHMH - 16 50M 4/B2	24 FUNERAL DIRECTOR	-1	250. DA	TE REC'D. BY REGISTRAR 251 REGI	STRAR'S SIGNATURE
(VRA 15, 4)	Clinton F. S	tewart 11)= + 0	1 Spice Md NI	11 7 7 1905 Jac	my ranny
		AND ST IN	S CHILD! LANGE	17	



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12		1-	FOR STATE	DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 0	3 3 4
9		1. DE	REGISTRAR CEASED NAME FIRST	MIDDLE LAST 20 DATE KNOWN CONTH	DAY YEAR 25. HOUR
	St 482	{TYP	Margaret	OF ESTI-	6 10 82 1507
	TAK)	1. SEX	4. RACE O S DATE C		DAY YEAR 2d HOUR
	3		F W 6	24 39 43 YRS. DEAD 11 10	N
-	ERAL SERVICE S		RTHPLACE NAME TO THE REIGN COUNTRY)	EN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. BALTIMORE CITY OR COUNTY	OF DEATH
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	A CALL	1	e lisbury	THE SUCH FACILITY, GIVE STREET ADDRESS) FOR MOST OF WORKING LIFE)	OR INDUSTRY
-	POS SERVICE	OSU/	IL RESIDENCE IN HUNGING HOME OR OTHER INST	STITUTION, GIVE RESIDENCE BEFORE ADMISSION) 136. CITY OR TOWN . 136. INSIDE (ITY LIMITS? 13e. STREET ADDRESS 7/4	en emproyes
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WD.	TOWN THE	14. 77	TYER'S NAME MEDIE	LAST IS. MOTHER'S MAIDEN NAME MIDDLE	LAST
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PRESTON ST., BALTIMORE	S AFTER GIVE PA GIVE PA FITH FOR PAGES IVISION	(YI	VAS DECEASED EVER IN U.S. ARMED FORCES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR DATE		IMETT 13
BAIL.	SOFTE	-	18 CAUSE OF DEATH (Enter only one caus	se per line for (a), (b), and (c)	APPROXIMATE INTERVAL
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STO	N 24 HO ALONG SIT PERM HYGIENE AOVAL.	>	8120	UE TO, OR AS A CONSEQUENCE OF	
g.	WITHIN ENCIL II AINER TRANSI NTAL H OR REM			(b)	
M .	UTED WITHIN 24 H IN PENCIL IN ITEM EXAMINER ALON (1AL - TRANSIT PER) MENTAL HYGIEN ON, OR REMOVAL		lying couse last.	UE TO, OR AS A CONSEQUENCE OF	
35, 21	25-4250			(c) NG TO DEATH BUT NOT BELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 (g)	
COR	EALTH AN	N O			
E RE	HOULD BE THEF MEDI USED AS A OF HEALTH	TY	196. DATE OF OPERATION 191	CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?
DIVISION OF VITAL RECORDS, 201		CERTIFICATION			YES NO
Ö	THE WILL		LINDERLYING MOR	18 TIME OF INJURY HOUR A.M. MONTH DAY YEAR 1216 HOW INJURY OCCURRED ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2 12 Z S 1/1 L S T VICE	
SIOP	CERTIFING TO SED TO SED TO DEPAR	MEDICAL	21d INJURY OCCURRED 211	1235 1 1 16 1982 DVIVE VICE STVICE by True	
5	S & & Q = S	¥	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC) REEL 10+1450 CITY OR TOWN WOVE -CE	n n. I
	FORWA FORWA		22a I certify that I took charge of the re	emains described abave, he land Autopsy . Inspection . Inquiry . ond in my opini	on
Vy.	MINERAL		death resulted from: Natural couses		
1	AEDICAL EXAMINE E 4 SHOULD BE UNERAL DIRECT. IN DEATH, WITH I IMORE, MARYA	18	ACTUAL E. 1 C	TITLE (SPECIFY) DATE	11-17-82
	SHOE ATH		SIGNATURE	M.D. MEDICAL EXAMINER SIGNED	
	MEDI CUTE FUNA FUNA FIR DE		EXAMINER'S NAME EXYLL.	Royer MD ADDRESS 409 Candentre, Sali	churry Md
	TO ME EXECUTO PAGE TO FUI AFTER BALTIN	23a B	URIAL, CREMATION, REMOVAL 17% DATE	23d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION CUITY OF COUNTY	STATE
	BP	1	REMATION NOW	19,1982 MEIROPOLITAN CREMITORY / LEXANDRIA	VA.
	DHMH - 17	24 F	UNERAL DIRECTOR	250. DATE/REC'D. BY REGISTRAR 170 REGISTRAR'S SIG	shill .
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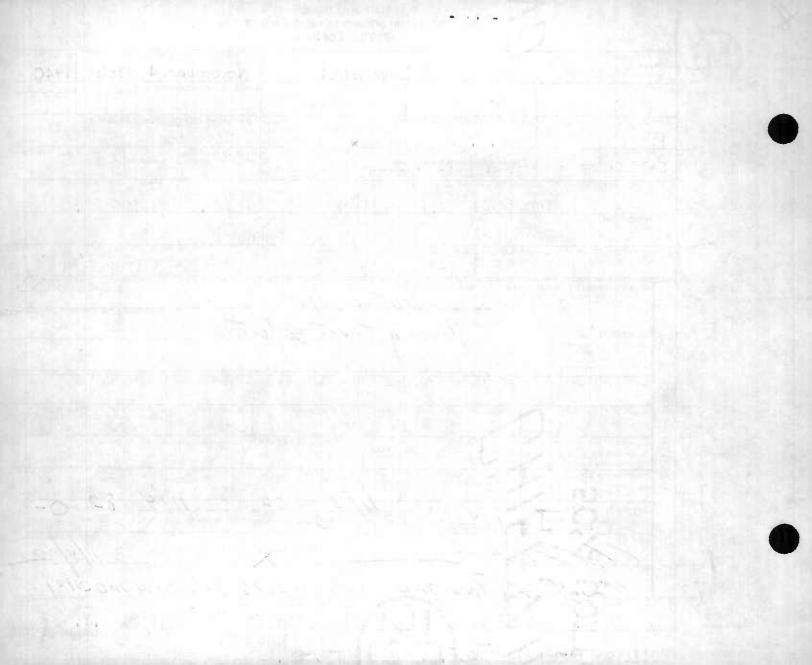
WASHINGTON DE USA HRTIST SHEEMOUNT mediana morrestratamonto X II 134 TH STREET THOMAS E. KNOJE CATHERINE C'HELL amenfileste. John that Linky Starket 3 CREMATIONS NOW PARTY METERSPHING OTHERS HAR KNOWLEIGH IR.

LUNC YOUR TOWN THE SERVICE WHEN SELVED THE PROPERTY SHOWS

	1.	FOR STATE		DE	PARTMENT OF	E OF MARYLAND IEALTH AND MENTAL HY	GIENE 8 2	3 0 3	40
	1. DE	REGISTRAR CEASED NAME FIR	167	WIDDLE		FICATE OF DEATH	REG. NO.	TH DAY YEAR 2h	HOUR
75		OR PRINT) ELW		R.					
bod of	SE		4. RAC		LAYF 5. DATE (OF BIRTH	Nov. 18		25 A
ge 4 may	2	Male	19	White	MONT	11/17/1916	72	YRS.	DURS MIN
death. Page	7c. B	RTHPLACE (STATE OR FOREIC	GN 76 CITI	ZEN OF WHAT COL	NTRY? 8	D NEVER MARRIED	9. BALTIMORE CITY OR CO	OUNTY OF DEATH	
de de	10.6	Maryland	117 517	USA	WIDOWI		Wicomico		M
s ofter	S	alisbury	De	er's Head	Center	DR OTHER INSTITUTION	128. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK Plummer	126. KIND OF BI INDUSTRY Self E	
24 hound in mild be	#35U.	AL RESIDENCE (IF NURSING HISTATE Maryland	OME OR OTHER IN	STITUTION, GIVE RESIDEN	CE BEFORE ADMISSION)	134. INSIDE CITY LIMITS?	13e. STREET ADDRESS 104 Powel		
P 2 2 0 0	14. F	THER'S NAME				15. MOTHER'S MAIDEN NA	ME		
p dis		Asher	MIDDLE	Layfie	ld	Lola	MIDDLE	Payne	
the of the contract of the con	16a. V	AS DECEASED EVER IN U	I.S. ARMED FO	RCES? 166. SOCIA	L SECURITY NO.	17. INFORMANT	ADDRES5		
9 9 9		es, no or unknown) (if	TES, GIVE WAR OR	215	18 4140	Robert M.	Layfield, Sno	w Hill, Mar	yland
icote by hysicia poper oval.		18 CAUSE OF DEATH IER PART I. DEATH WAS C	nter only one o	ouse per line for (o),	(b), and (c)	1		APPROXIMAT BETWEEN ONSI	E INTERVAL ET AND DEAT
th certificate nding physici carbonpope , ar removal.			CAUSED BY: MEDIATE CAUS		rhosis	of liver		261	100-
requires that the death considered by the attending Then please remove carborror to burial, cremation, or injury, or ather troumation.	NOI		ANT CONDIT	(c) IONS <u>CONTRIBUTIN</u>	IG TO DEATH BUT	NOT RELATED TO THE TER/	MINAL DISEASE OR CONDITIC	ON GIVEN IN PART 110	
he low re on. hos been t permit. I ene prior owsony ii	CERTIFICATION	196 DATE OF OPERATION	1 191	CONDITION FOR	WHICH OPERATIO	N WAS PERFORMED	206 AUTOPSY? 200 IN	O. IF YES, WERE FINDINGS CERTIFYING CAUSES OF YES T	USED DEATH?
G PHYSICIAN: The Introduced physicion. In this certificate hose the buriol-transit per and Mental Hygiene and Mental Hygiene ked or frem 18 shows		210. ACCIDENT WAS UNDERLYING CAUSE (IF EITHER NOTIFY MEDICAL EX	OF DEATH	OUR A.M. MONT	TH DAY YEAR	21c HOW INJURY OCCUP	RED (ENTER NATURE OF INJURY IN I	TEM 18 PART 1 OR PART 2)	
DING PHYSICIA or ottending p After this certi is as the buriol- oith and Meria morked or Item	MEDICAL	21d. INJURY OCCURRED	210	PLACE OF INJURY		211 LOCATION	CITY OF TOWN	COUNTY	STATE
or other of After of	2	AT WORK AT WORK		TOME, STREET, FACTORY,	OFFICE, FARM, ETC.)		1		
TTEN TOR: for us of He		22s.1 certify that (1) (this saw the deceased of above, (0 (we) (did))	lospital atte	ended the deceased	from 19 82, o	nd that in (my) (GUP) opinion	death occurred on the date o	nd hour and from the cau	t (I) (we) la
0 . 0 . 0		22b. SIGNATURE	One	Ω	Hourt	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DAJE SIG	
HOSPITAL ined by the FUNERAL wild be detailed by the Stote PORTANT:		226. PHYSICIAN'S NAME	(TYPE OR PROVI)	0	1	22e. ADDRESS			
TO HOSPITAL C retoined by the TO FUNERAL should be detoil with the Store C MPORTANT: If		Inja J. Hw	ang, M	.D.	0	Deer's Head	Center: Salis	burne Md.	10819
(12, 22)		URIAL, CREMATION, REM	OVAL 236. I	DATE	1230 NAME OF C	EMETERY OR CREMATORY	234 LOCATION		
55 - 2 2	230 E	SPECIEVI					CITY OR TOWN	COUNTY	STATE
BP		Burial JNERAL DIRECTOR		11/21/82		Methodist 250. Da	Snow Hi21	Worgester	state

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		. 1=0 0 041		

	1	FOR - STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 8 2 3 0 3 4 1 CERTIFICATE OF DEATH REG. NO.					
(IVI)		CEASED NAME PAST	WIDDLE	1 1	20. DATE OF DEATH MONTH	DAY YEAR	2b. HOUR	
1	3.50	ROSE	STEIL 14. RACE	Leventhal 15. Date Of Birth	November 4	, 1982	1940 M	
cloc. p	1.3	FEMALE	WHITE	12" 28" 1907	74	MONTHS DAYS	HOURS MIN.	
2 43 60	7a. 1	BIRTHPLACE / STATE OF FOREIGN	76. CITIZEN OF WHAT COUN		9 BALTIMORE CITY OF COU			
death 77	A F	POLAND	U.S.A.	WIDOWED DIVORCED	□ Wicomico		MD	
by the titled with	0 8	alisbury	Peninsula	General Hospital	126. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK) HOUSEWIFE		OF BUSINESS OR	
only titled in	5100	ATHERS NAME	OR OTHER INSTITUTION, GIVE RESIDENCE UNITY 13c. CITY OF COMICO Sal	13d INSIDE CITY LIMITS 15 NOTHER'S MAIDEN	410 N. Divi	sion St		
pat dumo 12	1	Unkno	wn		Inknown			
be execu-		WAS DECEASED EVER IN U.S. (IF YES,	ARMED FORCES? 166. SOCIAL OPEN DESCRIPTION OF THE PROPERTY OF	30-6507 Theodore	Leventhal6513	ensalem, Troy Co	Pa. 1 Ourt	
requires that the dear an ugned by the arter. Then please remoes to rive burnel, are entation, injury, or other traum	NOL	Conditions, if any, which gove rise to immediate cause in, stoffing the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) T CONDITIONS CONTRIBUTING	inery Track on				
The law con the permit piece price p	CERTIFICATION	196 DATE OF OPERATION		HICH OPERATION WAS PERFORMED	YES NO	YES, WERE FINDI RTIFYING CAUSES YES	NGS USED S OF DEATH? NO	
S physic optification order trans- trans trans-	e	21st. ACCIDENT WAS UNDERLYING OR CONTEMUTING CAUSE OF IF ETHER, NOTEY MEDICAL EXAMIN	HOUR A.M. MONTE	H DAY YEAR	CURRED (ENTER NATURE OF INJURY IN ITEM	n 18 PART I OR PART 2)		
affection of the port of the p	MEDICAL	THE INJURY OCCURRED NOT WHAT AT WORK	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, C	OFFICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE	
ATTENDI expired or ECTOR: A of for one of A Health		saw the deceased alive above (11) we (did) (did	on	from	ion death occurred on the date and	hour and from the	that lost couses stated	
AL OR He had Digital Depth of the Depth of t		22h SIGNATURE	Ohlo	DE GREE ATTENDING PHYSICIAN	G MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE	SIGNED 4/12	
O HOSPITA O HOSPITA TO FUNERA should be di	1	224 PHYSICAN'S NAME (TY)	Cast	no Pobok 2		y mos	1091	
BP		Burial CREMATION REMOV	23b. DATE 11/7/82	King David Cemet	ery Peekskill	COUNTY	STATE	
DHMH - 16 50M 4/B2 (VRA 15, 4)		UNERAL DIRECTOR	ral Home PÂ	Salisbury Md.	ON REC'S BIGGO TRAR 256 RE	GISTRAP	PORC	



	1	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	SIENE 8 2	30342
4 may be stor, page 3 is other death	3, 5	ECEASED NAME PEOR PRINT) LOUISE LOUISE LOUISE LOUISE	FENNIS RRACE White	S. DATE OF BIRTH MONTH MORCH DAY YEAR 10 1967	20. DATE OF DEATH NOVE 100 6. AGE (IN YEARS LAST BIR'S	8 EK 3 1982 1102
M	50	ARYLAND USA	Th. CITIZEN OF WHAT COUNTRY! OSA NAME OF HOSPITAL, NURSI (IF NOT IN SUCH FACILITY, GIVE STREE	8. MARRIED NEVER MARRIED NOT	9. BALTIMORE CITY O Wicomi 12a. USUAL OCCUPATION OF TO WORK FOR MOST O	ON 126. KIND OF BUSINESS OR
within 24 hours of d 2 should be filed hader mant he hold	USU 13a.	PAL RESIDENCE (IF NURSING HOME OR C STATE HAD COUNT MARYLAND ON MIN ATHER'S NAME	Peninsula Ger	Teral Hospital E ADMISSION) VN 13d. INSIDE CITY LIMITS? YES NO TERMINATED NO TERMINA	CLERK 130. STREET ADDRESS 258 HSB	ory Ave.
oe executed on an and compton on and compton on and compton on a compt		WAS DECEASED EVER IN U.S. ARA	AED FORCES? 166. SOCIAL SEC WAR OR DATES) 216-14-	S MAY JRITY NO. 17. INFORMANT 2234 Richard E	GRACE ENNIS B	Densel ENNIS
yuires that the death certificate signed by the attending physici hen please remove carbon paper to burial, cremotin, or removal. jury, or other troumotic event, the	N	PART 2. OTHER SIGNIFICANT CO	DUE TO, OR AS A CONSEQUE (c)	ENCE OF ANTHY SU		BETWEEN ONSET AND DEATH MELLY S YRS DITION GIVEN IN PART 1(0)
N: The law requirysicion. vysicion. cote has been sig	CERTIFICATION	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED 216. HOW INJURY OCCUR	20e. AUTOPSY? YES NO	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO NO
ATTENDING PHYSICIA ospital or ottending placECTOR: After this certification of the other on the puriol-than on the puriod than the p	MEDICAL C	OR CONTRIBUTING CAUSE OF DEAT (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE AT WORK AT WORK 22e. I certify that this hospite sow the deceased alive above, (i) Eve) (did) (did not) 27b. SIGNATURE	HOUR A.M. MONTH D.P.M. 210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE) 01) ottended the deceosed from,	19 21f. LOCATION STREET	CITY OR TO	wn COUNTY STATE
TO HOSPITAL OR retained by the h TO FUNERAL DIRI should be detached with the State Dep	230.	224. PHYSICIAN'S NAME ITYPE OR D. M. W		ATTENDING PHYSICIAN DE PHYSICIA		FIAN U/4/EZ
BP		SUPPLIED OF THE CONTROL OF THE CONTR	11/6/82 5 2 - 8 PADDRESS		CRISFIE TE REC'D. BY REGISTRAR 1 1 0 1982	

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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE FOR - STATE CERTIFICATE OF DEATH REGISTRAR 20 DATE OF DEATH MONTH DECEASED NAME DAY YEAR 7h HOUR (TYPE OR PRINT) William MCKAY November 6. AGE (IN YEARS LAST BIRTHDAY) IF UNDER 1 YEAR JE UNDER 24 HRS 4 RACE 5. DATE OF BIRTH 000 76. CITIZEN OF WHAT COUNTRY? **BALTIMORE CITY OR COUNTY OF DEATH** 70. BIRTHPLACE I STATE OR FOREIGN MARRISO NEVER MARRIED COUNTRY WIDOWED DIVORCED [Wicomico 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12b. KIND OF BUSINESS OR 17a USUAL OCCUPATION IR CITY OR TOWN OF DEATH TYPE OF WORK FOR MOST OF WORKING LIFE (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Salisbury Deer's Head Center Larmer USUAL RESIDENCE (IF NURSING HOME OR OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION) 130 STATE COUNTY 13d INSIDE CITY LIMITS? 13e. STREET ADDRESS 15 MOTHER'S MAIDEN NAME 14 EATHER'S NAME MIDDLE oug ADDRESS 160 WAS DECEASED EVER IN U.S. ITY NO 17 INFORMANT IYES, NO OR LIF YES GIVE WAR OR DATEST 18 CAUSE OF DEATH (Enter only one couse per line for (a), (b), and PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (a), stating the DUE TO, OR AS A CONSEQUENCE OF underlying couse lost. PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 CERTIFICATION 206, IF YES, WERE FINDINGS USED 190 DATE OF OPERATION 19h CONDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? IN CERTIFYING CAUSES OF DEATH? NO F NOF YES [210. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21¢ HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) 00 HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH nto 19 (IF EITHER NOTIFY MEDICAL EXAMINER) P.M 211 LOCATION 21d. INJURY OCCURRED 21e. PLACE OF INJURY 5 CITY OR TOWN COUNTY STATE AT HOME, STREET, FACTORY, OFFICE, FARM, ETC 1 marked NOT WHILE I AT WORK hospital ottended the deceased from_ 22a.1 certify that (1) (this ,19_____, and that in (my) (opinion death accurred on the date and hour and from the causes stated saw the deceased alive an 11/2 above, (1) (we) (dld) (did not) view the body after death. 22c. DATE SIGNED 22b. SIGNATURE DEGREE ATTENDING MEDICAL STAFF should be deto with the State [DIRECTOR | PHYSICIAN PHYSICIAN MPORTANT: 22e ADDRESS 77d PHYSICIAN'S NAME TO THE OWNER Head Center, Salisbury, 23a. BURIAL, CREMATION, REMOVAL 23b DATE 23c. NAME OF CEMETERY OR CREMATORY BP 24 FUNERAL DIRECTOR DHMH - 16 50M 4/B2 ADDRESS (VRA 15, 4)

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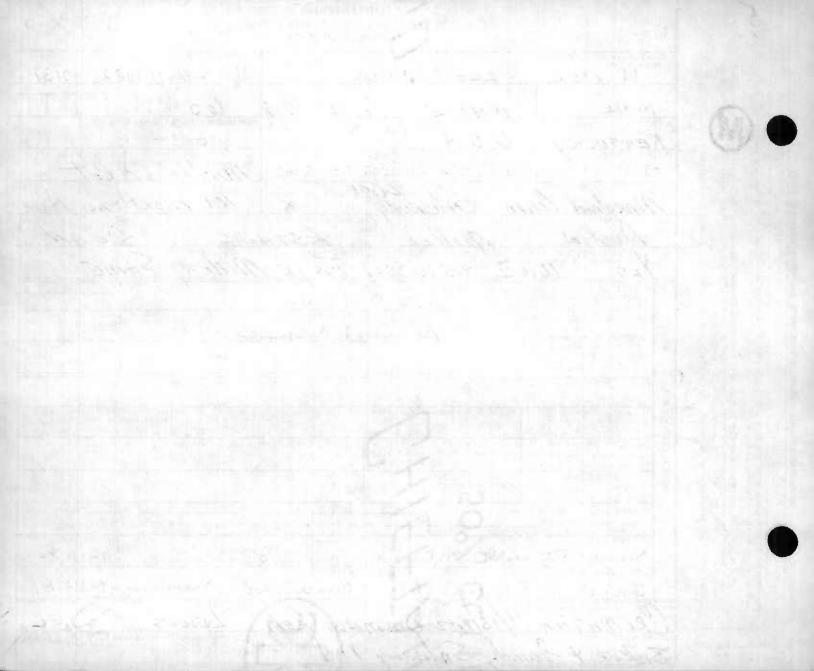
D H		FOR	Denaby	STATE OF MARYLAND	C 8 2	30344
- 4	1	STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HY CERTIFICATE OF DEATH	REG. N	0
	1. DE	CEASED NAME FIRST	WIDDLE	LAST		MONTH DAY YEAR 26 HOUR
e e e	(TYP	JOSEPH JOSEPH	CLARK	m. 41.11 11 25	NOVEME	ELZZ, 1582 0342 to
You go	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BE	THOAY) IF UNDER 1 YEAR IF UNDER 24 HRS
22 8 8	8	MALE	CAUS.	SEPT 8 1905	77	YRS.
9	ni. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY	R COUNTY OF DEATH
deoth. Poge	200	COUNTRY) MARYLAND RCHESTER COUNTR	4.5.9.	WIDOWED DIVORCED	Wicomico	MD.
ofter of the full	10 0	alisbury	II. NAME OF HOSPITAL, NURSIN	ADDRESS) ACTUAL HOSPITAL	TYPE OF WORK FOR MOST	OF WORKING LIFE) INDUSTRY
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a dic			WAR OR DATES)	104 544 54 68	ADSK	SS BLADES, DELAWAR
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certificate ng physici bonpoper r removal.		18 CAUSE OF DEATH (Enter onl PART I, DEATH WAS CAUSED	y one cause per line (6) (a), (b), on 8Y:			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ng ph ponp reme			E CAUSE (0)	vro Varalen	Ischemin	3 2103
death c attendir ove corl rion, or		///	DUE TO, OR AS A CONSEQUE	- 1/ -		3005
a de nove		Conditions, if any, which gave rise to immediate	(b) CCV 80	nut anewy	Su	1 2003
of the	100	cause (a), stating the underlying cause last	DUE TO, OR AS A CONSEQUE	ENCE OF		
ned b pleas priesi,		DADT 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	MINIAI DISEASE OR CON	DITION GIVEN IN PART 1/2
equire en sign Then injury	Z	PART 2. OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO	DEATH BOT NOT RELATED TO THE TER	MINAL DISEASE OR CON	DITION GIVEN IN PART ITO
been mit. I	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	20a AUTOPSY?	206. IF YES, WERE FINDINGS USED
K ne	I E				YES NO	IN CERTIFYING CAUSES OF DEATH? YES \(\begin{array}{cccccccccccccccccccccccccccccccccccc
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k o to	2	WHILE NOT WHILE AT WORK	(AT HOME STREET, FACTORY, OFFICE, I	ARM, ETC) STREET	CITORIC	3-
or or affice of the second	1 4	220.1 certify that (I) (this haspit		11-19 19 8	2. 10	- 72, 19 8 2, that (I) (we) last
A ATTEN hospital RECTOR ed for u pt. of He		sow the deceased aliveran, above, (1) (we) (diel (die not	19_	and that in (my) (our) opinia	n death occurred on the o	ate and hour and from the causes stated
or t S o o o		22b. SIGNATURE	/ / deather death.	DEGREE	100	22c. DATE SIGNED
		Literal	lacen	ATTENDING PHYSICIAN	DIRECTOR PHYSI	FF /1-22-8:
HOSPITAL ned by the FUNERAL Juld be det ortant:	H	221. PHYSICIAM'S NAME (TYPE OF	R PRINT)	220 ADDRESS		
- 2- 2				SALISBURY	& MAKINLA	TNO
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0	1.	FOR STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYO CERTIFICATE OF DEATH	REG. NO.	30346
		CEASED NAME FIRST	WIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR
page 3		WALTER	LEE 1	Niller	November 11	1982 0131 M
mo of the p	3. SE	male	4 RACE	5. DATE OF BIRTH MONTH 2 - 1919	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
	Je. B		76 CITIZEN OF WHAT COUNTRY?	8. MARRIED X NEVER MARRIED	BALTIMORE CITY OR COU	
1000	1	ENTUCKY ITY OR TOWN OF DEATH	U.S.A.	WIDOWED DIVORCED	Wicomico	MD.
201 us ofter filed will	Sa	alisbury	Peninsula Ge	or HOME OR OTHER INSTITUTION ADDRESS) THE TALL HOSPITAL	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK II	12b. KIND OF BUSINESS OR INDUSTRY
hin 24 hou hin 24 hou should be should be	13a.	AL RESIDENCE (IF NURSING HOME OR STATE 13b. COM	OTHER INSTITUTION, GIVE RESIDENCE BEFORE UTY 131 CITY OF TOW	ADMINISTRATION OF THE STATE OF	13e. STREET ADDRESS Mo:	Here Ave
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n and co	16a V	VAS DECEASED EVER IN U.S. AR	MED FORCES? 166 SOCIAL SECU		Miller -	SAME-
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death cert attending ove corba fion, or rel aumotic e		4292	DUE TO OR AS A CONSEQUE	was as	selevosis	
by the assertement other tr		Conditions, if any, which gove rise to immediate cause (0), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE		2000	
RDS, 20 equires, to n signed Then ple to burio rijury, or	NO	PART 2 OTHER SIGNIFICANT (CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION	GIVEN IN PART 110
TAI RECO	CERTIFICATION	190 DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED	200 AUTOPSY? 20b. IF	YES, WERE FINDINGS USED RTIFYING CAUSES OF DEATH? YES \(\text{NO} \)
PHYSICIAN: The physicion this certificate be buriol-transit ad Mental Hygie dor them 18 sho		210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	TH HOUR A.M. MONTH DA	YEAR 19	RED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)
DING PHYSICIAN: or offending physicians, or offending physicians, or offending physicians, after this certification of the buriol-transfer of the mod Mental By morked or frem 18	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	210. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F	21f LOCATION	CITY OR TOWN	COUNTY STATE
TEND atol or TOR: A or use of Heal		22a.1 certify that (I) (this hospi	tol) ottended the deceased from	, 19, ond that in (my) (our) opinion	, to death occurred on the date and	hour and from the causes stated
by the hospit by the hospit ERAL DIRECTO e detoched for Stote Dept. of ANT: If hem 21		obove. (!) (we) (did) (did no 22b. SIGNATURE	years ma	DEGREE ATTENDING PHYSICIAN [MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIGNED 11-11-82
TO HOSPITAL TO FUNERAL should be det with the Sione		JUSE DL C.		n Madrial C	enter, Solish	my , met 21101
BP	23a.	REMATION, REMOVAL	23b. DATE 13/1982 23L	NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
DHMH - 16 50M 4/B2 (VRA 15, 4)	217	DERAL DIRECTOR BOKER & BO	unds Salis	Bery Mel. 25a. DAT	NOV 15 1984	GISTRAR'S SIGNATION

STATE OF MARYLAND



MARYLAND 2120

PRESTON ST.

DIVISION OF VITAL RECORDS,

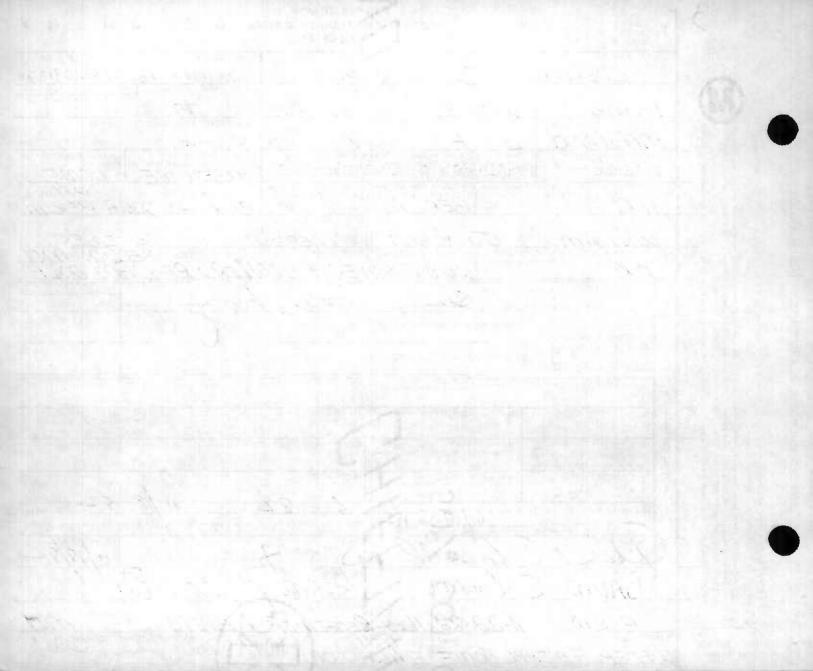
STATE OF MARYLAND

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1	FOR		STATE OF MARYLAND	(3 /)	
	- STATE REGISTRAR	DEPART	MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	REG. NO.	3 0 3 4 9
1	. DECEASED NAME FIRST	MIDDLE	LAST	28. DATE OF DEATH MONTH	DAY YEAR 2b. HOUR
m #	(TYPE OR PRINT)	1 0	116	1 1 1 1	1.00
ACA -	<u>Elizabet</u>		O Drien	November 18	1982 0913 AM
AAF)	J. SEA	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS MIN.
1	remale	White	11 20 904	77 YRS.	
2/1	G. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNT	Y OF DEATH
12	MARYLANG	14.5.H	WIDOWED DIVORCED	Wicomico	M
1	O. CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSI	NG HOME OR OTHER INSTITUTION	12a. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
7	Salisbury	4	neral Hospital	TYPE OF WORK FOR MOST OF WORKING	HOME
75	USUAL RESIDENCE (IF NURSING HORE (130 STATE	OR OTHER INSTITUTION, GIVE RESIDENCE BEFOR		13e. STREET ADDRESS	8.1811
2	Ma !	WOR BERL	IN YES NO D	PT4 BOX 2	96A BFRLID
12/	FATHER'S NAME	MIDDLE	15. MOTHER'S MAIDEN NA		
\$ 50	William	To Piel	There	MIDDLE	VIEDED,
2	MAS DECEASED EVER IN U.S. A			ADDRESS Q	50/10 ma
1	(YES, NO OF UNKNOWN) (IF YES O	ive war or dates) 216.03	82820 FOIA Sh	AllEP, DTW	BOX DN D
1	LIL CALICE OF DEATH S			(dd 10 101)	APPROXIMATE INTERVAL
	18 CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS	only one cause per line for (o), (b), ar	1-1	61-	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
	1629 IMMEDIA	ATE CAUSE (a)	- of the	700	
	1021	DUE TO, OR AS A CONSEQU	ENCE OF		THE PARTY OF THE P
- 1	Conditions, if ony, which gove rise to immediate	(b)			
	couse (o), stating the	DUE TO, OR AS A CONSEQU	ENCE OF		
	underlying couse lost.	(c)			
	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	INAL DISEASE OR CONDITION G	IVEN IN PART 1(g)
1	Z				
Â	No DATE OF OPERATION			20n AUTOPSY? 20h IF YI	
9	NO TO THE PROPERTION		OPERATION WAS PERFORMED	IN CERT	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH?
2	190 DATE OF OPERATION	19b. CONDITION FOR WHICH	OPERATION WAS PERFORMED	YES NO Y	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? (ES
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1	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF D (IF EITHER, NOTIFY MEDICAL EXAMIN 21d. INJURY OCCURRED AT WORK 220.1 certify that (I) (this has) the deceased alive or above (I) (we) (did) (did in 225. SONTURE	21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, 21tal) ottended the deceased fram n 12 ORPRINT) ORPRINT)	AY YEAR 19 216. HOW INJURY OCCUR 19 216. LOCATION STREET 19 216. HOW INJURY OCCUR 216.	YES NO IN CERT Y RED (ENTER NATURE OF INJURY IN ITEM 18 CITY OR TOWN A MEDICAL STAFF DIRECTOR PHYSICIAN DIRECTOR PHYSICIAN DIRECTOR DIRE	ES, WERE FINDINGS USED IFYING CAUSES OF DEATH? IES NO PART 1 OR PART 2) COUNTY STATE Our and fram the couses stoted TRE DATE SIGNED COUNTY STATE
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STATE OF MARYLAND



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should be detached for use as the burial-tronsit permit. Then please remove corbon pape with the State Dept. of Health and Mental Hygiene priar to burial, cremotion, or remaval

MPORTANT: If them 21 is morked or them 18 shows

STATE OF MARYLA
DEPARTMENT OF HEALTH AND M

ND MENTAL HYGIENE

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ŝ	REGISTRAR			CERTIF	ICATE OF DEATH	REG. N	Ю.	
	1 DECEASED NAME FIRST		MIDDLE		AST	20 DATE OF DEATH	MONTH DAY YEAR	26 HOUR
	Layto	on		OLIP	PHANT	Nov.	16, 1982	11:45
	3. SEX	4. RACE		S. DATE C		6. AGE (IN YEARS LAST BIR	RTHDAY) IF UNDER TYE	
1	male	whit	e	Jan	. 1, 1922	60	YRS.	TS HOURS MIN.
1	To BIRTHPLACE (STATE OR FOREIGN	76 CITIZEN OF	WHAT COUNTRY?	8.		9. BALTIMORE CITY C	OR COUNTY OF DEATH	
	Delaware	U.S.A	1.	WIDOWE	2000	Wicomico		MD.
/	O CITY OR TOWN OF DEATH Salisbury	(IF NOT IN SUC	HOSPITAL, NURSIN	ADDRESS)	OR OTHER INSTITUTION	120 USUAL OCCUPAT (TYPE OF WORK FOR MOST O heavy eq	OF WORKING LIFE) INDUST	D OF BUSINESS OR
	USUAL RESIDENCE (IF NURSING HOME) 130. STATE 131. COU Sus	ROTHER INSTITUTION		ADMISSION)	13d. INSIDE CITY LIMITS? YES NO 🛣	Rt. 3 Bo		2001
1	Elijah J. O.	l ^{mpole} phant	LAST		Sallie		ngs	LAST
2	16a WAS DECEASED EVER IN U.S. AF	RMED FORCES?	166 SOCIAL SECU		17. INFORMANT	ADDR		
1	np	TE WAR OR DATES;	221-12-	8072	Jerdie E. H	Hitchens,	Millsbor	o, Del.
		(c)_	R AS A CONSEQUE		NOT RELATED TO THE TERMI	NAL DISEASE OR CON	IDITION GIVEN IN PART	T Tra
2	190 DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING [. 196. COND	ITION FOR WHICH	OPERATIO	N WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FIN IN CERTIFYING CAUS YES	
1		ATH HOUR A	DF INJURY .M. MONTH DA .M.	AY YEAR	21c. HOW INJURY OCCURRE	ED (ENTER NATURE OF INJU	IRY IN ITEM 18 PART 1 OR PART	2)
	OR CONTRIBUTING CAUSE OF DE	21e. PLACE (AT HOME, ST	OF INJURY REET, FACTORY, OFFICE, F	ARM ETC.)	71f. LOCATION STREET	CITY OR 10	YINUÓD NWC	STATE
	22a.1 certify that (1) (this hasp sow the deceased alive or abave, (1) (we) (did) (did n	1	19		nd that in (my) (our) apinion d	, to leath accurred on the d		, that (l) (we) last the couses stated
	226. SIGNATURE Many	m. 70	ustrei,	mi	DEGREE ATTENDING PHYSICIAN	MEDICAL STA		ATE SIGNED
1	224. PHYSICIAN'S NAME TYPE				22e. ADDRESS			
	Nancy W. Tus	stin, M.			Deer's Head (lisbury, Md	. 21801
	230. BURIAL, CREMATION, REMOVAL (SPECIFY) Burial	11/19		ills	boro Cem.	23d LOCATION CITY OR TOWN Millsbo	ro. Delaw	STATE

DHMH - 16 50M 4/82 (VRA 15, 4)

I. Watson

FOR

Millsboro, Del.

NOV 24 1982

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1/6	1	STATE REGISTRAR	VEFAR	CERTIFICATE OF DEAT	-	0 0 0 0 1
A(M)		CEASED NAME FIRST	MIDDLE	LAST	26. DATE OF DEATH MONT	10.1100
	Line	John	W.	Outten	NOVEMBER	24 1982 15 15 M
ar, po	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY	MONTHS DAYS HOURS MIN.
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F 25 8		COUNTRY)	76. CITIZEN OF WHAT COUNTRY	MARRIED LI NEVER MARRI	9. BALTIMORE CITY OR CO	
de 11 /1		elaware		WIDOWED DIVORC		12b. KIND OF BUSINESS OR
o de la la		Salisbury	Peninsula G	eneral Hospit	cal Carpenter	Carpentery
hour hour	USU 13e.	AL RESIDENCE (IF NURSING HOME OR CESTATE 36 COUNTY	OTHER INSTITUTION GIVE RESIDENCE BEFOR	DRE ADMISSION)		
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with with d 2 s	14, F.		AIDDLE LAST	15. MOTHER'S MAII	WIDDLE	LAST
E, M	160	John WAS DECEASED EVER IN U.S. ARA	Outte		Ellen	Hudson
MORE,			WAR OR DATES!	-2448 Mary J		elbyville, DE
ALTII Sicion Pers. I		18 CAUSE OF DEATH (Enter only			A /	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
T., BA Tificate physic anpape emaval		PART I. DEATH WAS CAUSED	8Y: / A /	emoma 6	Lange	
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RESTON death ce attendin nove carb ation, or or		Conditions, if any, which gave rise to immediate	((b)	nel moons	es V	
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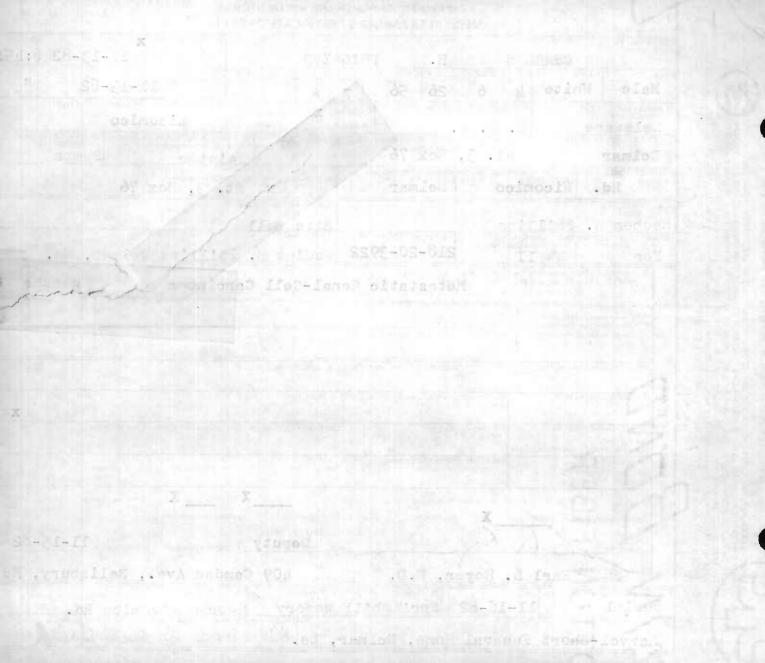
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	1	22d. PHYSICIAN'S NAME (TYPE	PRINT) 120 ADDRESS	1011
		THOMAS	Hill JR Pine Blust	sod, solisburry, Md.
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TO MEDICAL EXAMINER: TI EXECUTE THE CERTIFICATE; PAGE 4 SHOULD BE FORW AFTER DEATH, WITH THE SITE BEALTIMORE, MARYLAND, 2			ION, REMOVAL 2			NAME OF CE	-			23d LOCATI	ON		COUNTY	SI	TATE
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X	1.	FOR STATE REGISTRAR	STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH	IENE 8 2	30356
		CEASED NAME FIRST PRUSSEL X AIE	1 HOWARD PHILLIPS 1. RACE B/ACK S. DATE OF BIRTH MONTH DAY VEAR 2. 1892		onth day year 2b. Hour er 7 1982 8:30 AM
funeral dir.		RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED WIDOWED DIVORCED		COUNTY OF DEATH COMICO MD.
by the		Salisbury	11). NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Deer's Head Center OTHER INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	120 USUAL OCCUPATIO	
oletely fille of 2 should	130.	THER'S NAME	NTY 136. CITY OR TOWN 136. INSIDE CITY LIMITS? YES NO NO NOTHER'S MAIDEN NAMED IS. MOTHER'S MOTHER'S MAIDEN NAMED IS. MOTHER'S MOTHER'S MOTHER NAMED IS. MOTHER'S MOTHER NAMED IS. MOTHER'S MOTHER NAMED IS. MOTHER'S MOTHER NAMED IS. MOTHER NAMED I	ME MIDDLE	⊃#1 LAST
on ond complete S. Poges I ond		VAS DECEASED EVER IN U.S. AR	MED FORCES? 160. SOCIAL SECURITY NO. 17 INFORMANT 12 MAR OR DATES) 218-10-0695 M. SST 128	COFIN	ERSON, Md
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no. hos been permit.	CERTIFICATION	190. DATE OF OPERATION	196 CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES \(\sigma \) NO \(\sigma \)
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TO FUNERAL II Should be deton with the Stoke II IMPORTANT. If	230.	Inja J H SURIAL, CREMATION, REMOVAL	Wang, M.D. Deer's Head	23d LOCATION	isbury, Md. 21801
MH - 16 50M 4/82	1	UNERAL DIRECTOR	60 Chappes textural N	OV 1 7 1982	S SEGNIRAR'S SIGNALISE

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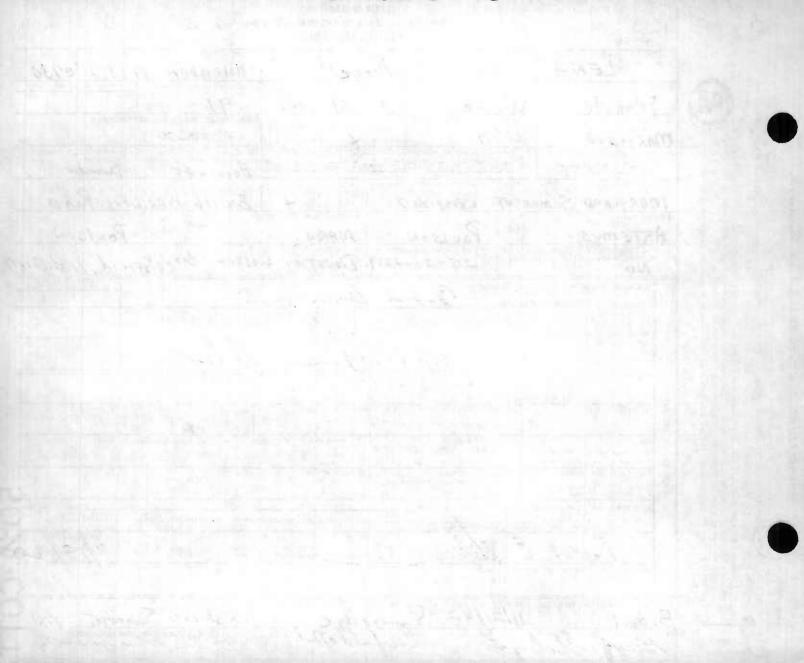
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requires that the death certificate in signed by the attending physici. Then please remove corbangopes ir to burial, cremation, ar removal. injury, or ather traumatic event, the	NO	Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2. OTHER SIGNIFICAN	DUE TO, OR AS A CON (b) DUE TO, OR AS A CON (c) IT CONDITIONS CONTRIBUTION	SEQUENCE OF	OFCLUOM O	V	NDITION GIVEN IN PA	RT Ita
on. has been prior to permit.	CERTIFICATION	19a DATE OF OPERATION	196. CONDITION FOR V	VHICH OPERATIO	N WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FI	INDINGS USED USES OF DEATH? NO
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d d d d d	ME	WHILE NOT WHILE AT WORK	(AT HOME, STREET, FACTORY, O	OFFICE, FARM, ETC)	STREET	CITY OR I		7 -
AL OR ATTEN the hospitol AL DIRECTOR: detoched for us the Dept. of He TI: If them 21 is	(saw the deceased alive	spitol) attended the deceased on 11/9 not) view the body after death.	19 <u>82</u> , ar	d that in (my) (aur) apinion DEGREE ATTENDING PHYSICIAN		22c. C	, mar (ii (we) ic
TO HOSPITAL retained by the TO FUNERAL should be detining the Store to MPORTANT:		WILLAM O	SAOLER		SALISBU		. 2185	9
BP	23a.	BURIAL, CREMATION, REMOV (SPECKY) Burial	23b. DATE 11-13-82	Morela	emetery or crematory and Memoria			Marylan
DHMH - 16 50M 4/82 (VRA 15, 4)		uneral director assahn Funer	ral Home 740	22286	236) 250. DA	0V 1 6 1982	R 256 REGISTRAR'S SIG	in all should

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STATE OF MARYLAND

FOR

(VRA 15, 4)



PRINCESS ANNE, MD NOV 9

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

DHMH - 16 50M 4/82

(VRA 15, 4)

WILSON

FUNERAL HOME

	November 1, 1962 2011		
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FOR

REGISTRAR

DECEASED NAME

- STATE

Building Taylor Rhoda Quillen Ocean City. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO IT 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) COUNTY STATE __ and that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22c. DATE SIGNED 11-19-82 DIRECTOR PHYSICIAN Deer's Head Center, Salisbury, MD 21801 STATE Berlin Burial Worcester MD 24 FUNERAL DIRECTOR 25% REGISTRAR'S SIGNATURE DHMH - 16 50M 4/82 (VRA 15, 4)

STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

CERTIFICATE OF DEATH

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IF UNDER 1 YEAR

AONTHS DAYS

INDUSTRY

IF UNDER 24 HRS

HOUR5

12b. KIND OF BUSINESS OR

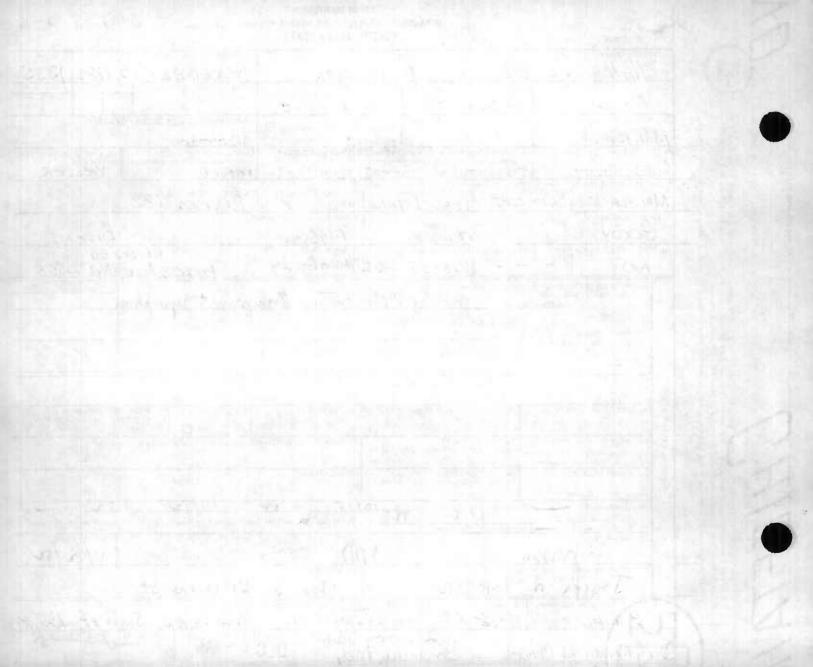
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4	1.	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL H' CERTIFICATE OF DEATH	YGIENE 8 2	30361
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6	3. SE	FEMALE	A RACE BLACK	AUG 12 PAY 1922	6 AGE (IN YEARS LAST BIRTH	DAY) IF UNDER 1 YEAR IF UNDER 24 HRS MONTHS DAYS HOURS MIN.
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on ond co		VAS DECEASED EVER IN U.S. YES NO OR UNKNOWN) (IF YES NO	ARMED FORCES? 166 SOCIAL SECU SIVE WAR OR DATES) 220-03-0	20.00	DEER HEAD CE	ENTER
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HOSPITAL OR ATTEN and by the hospital FUNERAL DIRECTOR. uld be detoched for with State Dept. of He ORTANT: H Hem 21 is		276. SIGNATURE ACCUSE 27d. PHYSICIAN'S NAME OF	Mr. Tustia	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF	776. DATE SIGNED
	1	Nancy W. Tu			d Center; Sali	isbury. Md. 21801
BP		BURIAL, CREMATION, REMOV	AL 23b. DATE 23c.	NAME OF CEMETERY OR CREMATOR	Y 23d. LOCATION CITY OF TOWN GREENSBU	COUNTY STATE
DHMH - 16 50M 4/82 (VRA 15, 4)	24 F	UNERAL DIRECTOR CHAR	LES W. HILLADDRESD		OV 1 6 1982	ohn & Colvery

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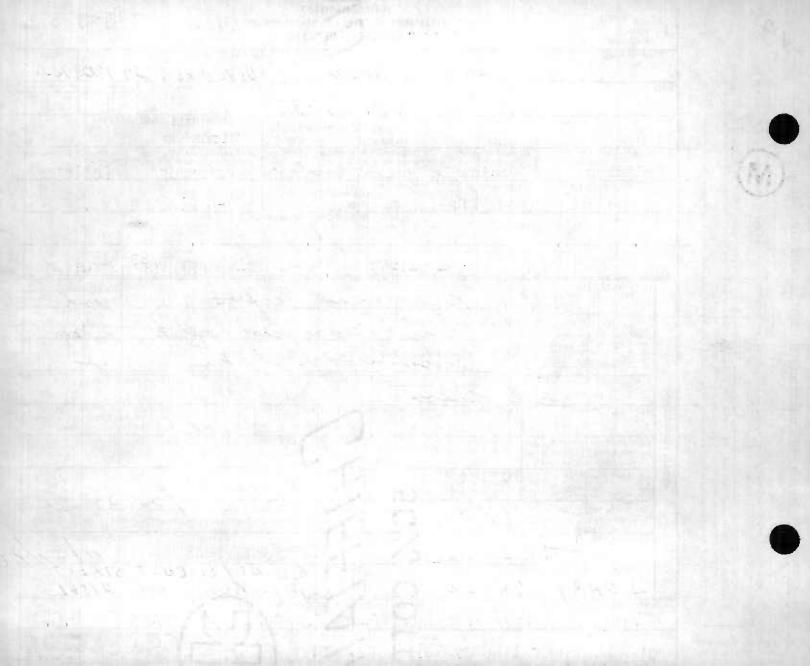
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	2 2	3, 56	× 1	1 RACE DI I	5. DATE OF BIRTH	6. AC	E (IN YEARS LAST BIRTHE	DAY) IF UNDER 1 YE	EAR IF UNDER 24 HRS
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ELLE WEST A.F.M. - Joseph Stranger Tourse white - Arthur trailleann da mha Nels Solout Millian Reprinse Mary Menters 17567-69-175 dones by tropents, the market of the state o POLETIE HELLEN WINDOWS STREET, THE STREET WINDOWS Vancon Stylet Their Standard Mart 119

	D		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE 2 3 3 3 T- STATE REGISTRAR MEDICAL EXAMINER'S CERTIFICATE OF DEATH REG. NO.										0 3	6	c)	
	(M)	1. DE	DECEASED NAME FIRST MIDDLE LAST 20. DATE R (IYPE OR PRINT) PATRICIA K. SANBORN 20. DATE R OF DEATH								OF ESTI	WN MON	1-21-8		HOUR A M	
	RY, PEDIRECT DURENT TO THE TOTAL STREET ON STREET TO THE TOTAL STR	3. SE	emale	White	5. DATE OF BIRTH	3 ⁹	6. AGE (IN YEA	() MONTH	DER 1 YR.	IF UNDER		DATE NOUNCED DEAD	11-2	1-82 ₁₉		09 M
	S NECESSARY, E FUNERAL DIRECTOR S NOUTHIN 72 H	7a B	RTHPLACE (ST REIGN COUNTRY)	Md.	76. CITIZEN OF V	WHAT COUR	NTRY?	8. MARRII WIDOW		VER MARRI	ED 🔲	Wicor	_	INTY OF DEAT		MD
	THE SERVICE	10 C	Salis		11. NAME OF HO	OSPITAL, NU FACILITY, GIVES SULA	RSING HOME, STREET ADDRESS) Genera	OR OTH	ospi		FOR MOST	OCCUPATION OF WORKING LIF		OR INC	OF BUSIN	ESS
21201	IF ANY DELY 2, AND 3 TO 3. RETAIN P SHOULD BE N. RECORDS	USU/ 13a S	TATE Md.	(IF IN NURSING HOME O 13b, COUN' W1CO	ROTHER INSTITUTION, TY MICO	GIVE RESIDENCE	e BEFORE ADMISSIO Y OR LOWN ASKIN		13d. INSIDE (I	NO [13e STREET BOX					
RE, MD.	PW 31,2	III. E.	THER'S NAME	И	MIDDLE	Ke	Mey		15. MOTHE	R'S MAIDE	N NAME	MIDDLE		Cole	د	
BALTIMORE,	S AFTER DEATH GOVE PAGES 1, WITH FORM PM PAGES 1 AND 2 INISION OF/LIVE	16a. V (Y	VAS DECEASED ES, NO, OR UNKNO	DEVER IN U.S. ARA WN) (IF YES, GIVE V	MED FORCES? WAR OR GATES)		CIAL SECURITY		M. K	dred	Kelle	ADI	ASKIN	1		
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201 W.	ULD BE EXECUTED WITHIN 24 HOURS AFTER DI "PENDING" IN PENCIL IN ITEM 18. GIVE PAGE FF MEDICAL EXAMINER ALONG WITH FORM ED AS A BURIAL - TRANSIT PERMIT. PAGES 1 A HEALTH AND MENTAL HYGIENE, DIVISION OI AL, CREMATION, OR REMOVAL.		gave ris	is, if any, which e to immediate stating the <u>under-</u> se last.	(b)		NSEQUENCE O									
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ONOF	STHE W TO THE HOULD B ARTMEN		UNDERLYING CONTRIBUTIN	NG CAUSE OF D	HOUR A.		19			OCCURRE	D (ENTERNATUR	E OF INJURY IN I	TEM 18 PART 1 OR	PART 2)		
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				STATE OF MARYLAND		-
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		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
		CEASED NAME FIRST	WIDDLE	. ŁAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
e 4 may be dor, page 3 offer death	(III)	Justin Justin	Yung-Kung	SHEN	NOVEMBER 2	9 1982 1055 M
a po	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4		Male	Chinese	Dec. 20, 1909	72 yrs.	
orh. Po	7c. B	IRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY	MARRIED NEVER MARRIED	9. BALTIMORE CITY OR COUNTY	OF DEATH
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ORE, cecution of co	16a. V	VAS DECEASED EVER IN U.S. AF		URITY NO. 17. INFORMANT	, ADDRESS as	#17
MORE, n and con medical	N		259-62	-1342 Mrs. Grace	I-Ho Chen She	$2n^{\prime\prime}$ (wife)
ALT ite b sicion pers. ol.		18. CAUSE OF DEATH (Enter of	nly one couse per line for (o), (b), o		0202	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ST., BAL ertificate g physici non paper removal.		PART I. DEATH WAS CAUSE	TE CAUSE (0) Nuyo	earded be	Stee	Mark
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death ce offendin nove corb	l .	Conditions, if ony, which	DUE TO, OR AS A CONSEQU	o Musea De	0.1	d Down
		gove rise to immediate	(0)	THE STATE OF THE S	U	
W. P not the by the sse rei		couse (o), stating the underlying couse lost.	DUE TO, OR AS AGONSTOL	INCE OF COST	Den	ye-
the state of the s		PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TERM	AINAL DISEASE OR CONDITION GIV	EN IN PART 1(0)
Bos, sign Then to bu	Z	Mass	00 1.0K	7		
0 = + 5 -	F	190 DATE OF OPERATION	196. CONDITION FOR WHICH	HOPERATION WAS PERFORMED		, WERE FINDINGS USED
LREC bos b hos b perm che pr	CERTIFICATION				YES NOT YE	YING CAUSES OF DEATH?
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A OF VIII. Sician: T og physici certificate rial-transi entol Hygi frem 18 sh		OR CONTRIBUTING CAUSE OF DE	AIR	DAY YEAR		
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S to the by	A.	WHILE NOT WHILE	(AT HOME, STREET, FACTORY, OFFICE,	FARM, ETC) STREET	CITY OR TOWN	COUNTY STATE
DIVIS OR ATTENDING P e hospital or otter DIRECTOR, After II ched for use as the Dept. of Health and I frem 21 is marked		27 L cartify that (1) (this hose	ital) attended the deceased from,	11/26 108	10 11/29	19 that (D (we) lost
TTEN pital TOR: for us of He	C	sow the deceased alive or	1 11 29 19	ond that in (my) (aur) apinion	death occurred on the date and hou	
DR ATTEN hospital DIRECTOR ched for un Pept. of He item 21 is		above, (I) (we) (did) (did no 22b. SIGNATURE	ot) view the body ofter death.	DEGREE		22c. DATE SIGNED
	L	1	-7		MEDICAL STAFF DIRECTOR DHYSICIAN	11/201/
Stote der		224 PHYSICIAN'S NAME TYPE	OR BRIDITY	PHYSICIAN D	DIRECTOR PHYSICIAN	TREET 0
HOSPITAL ned by the FUNERAL side details the Stote ORTANT:		1 000	00::	ADDICES & D /	MC 4 STOCAS	SINECI
TO HOSPITAL TO FUNERAL should be de with the Stor	-	J. GHKY	CKEEN	SHLIS	13081/ mg	2/11/1
	23a.	BURIAL, CREMATION, REMOVAL (SPECIFY)		NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY D C STATE
BP		Burial	112/4/1982 IR	ock Creek Cemete		
DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR	in a 1 110mm ADDRESA		TE REC'D. BY REGISTRAR 256. REGIST	RAR'S SIGNATURE
(VRA 15, 4)	H	Olloway Fune	ral HOme, Sã1	ISDUIY, Mu. UE	6 4 - 1904 700	may among



5	1.	FOR STATE	DEPA	ARTMENT OF HEALTH AND MENTAL HY	GIENE 8 2 3	0 3 6 6
		REGISTRAR		CERTIFICATE OF DEATH	REG. NO.	
m.£		CEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26 HOUR
page 3		ELLIS		Showalter	November 4	198- 0200 4
. 2	3. SE		4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER I YEAR IF UNDER 24 HRS
director nours of	100	Male. RTHPLACE (STATE OR FOREIGN)	NEGRO 76. CITIZEN OF WHAT COUNT	6 66 20	9 BALTIMORE CITY OR COUNT	Y OF DEATH
12 S	17	OUNTRY)	11.5 A	MARRIED W NEVER MARRIED	Wicomico	OFDEATH
of the state of th	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL NU	RSING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	12b. KIND OF BUSINESS OR
80	S	alisbury	Peninsula G	eneral Hospital	CIBABLED	
onld be t	USU	STATE 138 COL		TOWN 136. INSIDE CITY LIMITS?	130. STREET ADDRESS	eet 19956
E .	14 F/	THER'S NAME	SSEX LAURE	YES NO 15. MOTHER'S MAIDEN NA		eer 17900
1803	1	AVID	J ShowALT	er MARY FIRST	CATHERINE	SMITH
medicol 3		VAS DECEASED EVER IN U.S. A	ARMED FORCES? 166 SOCIAL S	SECURITY NO. 17 INFORMANT	ADDRESS	e as above
1				Ms. Ruth E. Gu	NBY	
ovol.		PART I. DEATH WAS CAUS	only one couse per line for (a), (b) SED BY:	0/. //		APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
ceve		5722 IMMEDI	ATE CAUSE (o)	epatic (ona		
rotion, or troumotic			DUE TO, OR AS A CONSE	OUENCE OF		
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other		cause (a), stating the underlying couse lost.	DUE TO, OR AS A CONSE	EOUENCE OF		
o		PART 2 OTHER SIGNIFICANT	T CONDITIONS CONTRIBUTING	TO DEATH BUT NOT RELATED TO THE TER	MINAL DISEASE OF CONDITION G	VEN IN PART 1(0)
njury,	Z	End-sta	Pall	1- /- /	Vaphos clove si	D// T/
oux	CERTIFICATION	190. DATE OF OPERATION		TICH OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YE	S, WERE FINDINGS USED
Shows Shows	I H					IFYING CAUSES OF DEATH?
ced or frem 18 sh	1 🗑	210. ACCIDENT WAS UNDERLYING		DAY YEAR 216 HOW INJURY OCCUI	RRED (ENTER NATURE OF INJURY IN ITEM 18	PART 1 OR PART 2)
E 9	1	OR CONTRIBUTING CAUSE OF D	SCALL.	19		
5/	MEDICAL	21d. INJURY OCCURRED	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFF	211. LOCATION STREET	CITY OR TOWN	COUNTY STATE
morked	2	AT WORK NOT WHILE	(ACHOME, SIKELI, FACIORI, OF	rice, Fanns etc j		
e s		220.1 certify that (1) (this has	spital) attended the deceased fro	om	V. 10 11 / 4	, 190-, that (i) (we) los
21:		sow the deceased alive of	on	19 and that in (my) (our) opinion	deoth occurred on the dote and ha	ur and from the couses stated
te de la constant de		226. SIGNATURE	-/ .]	1 DEGREE		22c. DATE SUSNED
T. #		Den	A N. /	how BAD ATTENDING PHYSICIAN	DIRECTOR PHYSICIAN	11/4/82
IMPORTANT: #	1	226 PHYSICIAN'S NAME (TYPE	E OR PRINT)	27e. ADDRESS	2 . /	2
S /		SENITO	S. CHAR	1 547-0	Riverside (Dr.
3	23n	BURIAL, CREMATION, REMOVA	AL 23b. DATE	231. NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OR TOWN	COUNTY STATE
	LE	YANA Memoria	of chase182	St. MAHhaus 1st BAPTIS		USEX DELAWAK
4/B2	24 F	NERAL DIRECTOR ROLL	ad	25a. PA	TE REC'D. BY REGISTRAR 256. 105 IS	TRAR'S SIGNATURE
			-1 21001 Salisbu	ry, Maryland Zivvi	OV 1 2 1982 Xa	and somely

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8/	1,	FOR STATE	DEP	STATE OF MARYLAND ARTMENT OF HEALTH AND MENTAL HY	GIENE 8 2	3 0 3	6/
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4 may or, pag offer de	3 SI	x male	1. RACE White	5. DATE OF BIRTH MONTH DAY YEAR	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF	UNDER 24 HRS
death. Page 4 uneral director hin 72 hours of	4	IRTHPLACE ISTATE OR FOREIGN COUNTRY)	76. CITIZEN OF WHAT COUNTY	RY? 8. MARRIED NEVER MARRIED DIVORCED D			AAD
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AND 212 AND 212 n 24 hour	5 130.		NTY 13c CITY OR		130 STREET ADDRESS OL	N AU	e 21801
marylla ompletely ond 2 sh	2	THER'S NAME TO FIRST	AMES SIN	CLAIR MAUDE	MIDDLE	Cumin	iNgs
be execut on and co		WAS DÉCEASED EVER IN U.S. A (YES, NO OR UNKNOWN) (IF YES, G	RMED FORCES? 16b. SOCIAL: IVE WAR OR DATES) 212-0	7-9847A M. Elle	in Sinclair	See Se	13
rhe death certificate the attending physici remove carbon popel emotion, or removal.	7	PART I. DEATH WAS CAUS	nly one couse per line for 10), (beD 87: TE CAUSE (a) DI ON ON SI	equence of to robable heart	puevmonio e congestive failure	APPROXIMATIONSE	1-00
ECORDS, 20' ow requires the been signed mit. Then ples prior to burion any injury, or any injur	CERTIFICATION		with re	TO DEATH BUT NOT RELATED TO THE TER CULTELL CV ICH OPERATION WAS PERFORMED	200 AUTOPSY? 206. IF Y	GIVEN IN PART 110 (ES, WERE FINDINGS TIFYING CAUSES OF	
VITAL (N: The hysician icate hy ransit physier) Hygien 18 shav	MEDICAL CERTII	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE	P.M.	DAY YEAR	RRED (ENTER NATURE OF INJURY IN ITEM I		NO 🗆
DIVISION OF DING PHYSICIA or attending pl After this certif e as the burial-t olth and Mental	WED	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY LAT HOME, STREET, FACTORY, OF	PICE, FARM, ETC.) 21f. LOCATION STREET	CITY OR TOWN	COUNTY	STATE
TTENDII or TTOR: A far use of Heal		sow the deceased alive a	ital) attended the deceased from Nav. 1.		, to Nov. 1		t 🗶 (we) lost
he he		27b. SIGNATURE Marcy 22d. PHYSICIAN'S NAME (TYPE	m, Tust	DEGREE DEGREE ATTENDING PHYSICIAN 1220. ADDRESS	MEDICAL STAFF DIRECTOR PHYSICIAN	22c. DATE SIG	-82
TO HOSPITAL (retained by the TO FUNERAL Dishould be detected with the State Dishould by the State Dishould be set of the State Di	23a.	Marie Control	tin.M.D., Dee	r's Head Contor 5	alishury MD 2	1801	
BP DHMH - 16 50M 4/82	24. F	UNERAL DIRECTOR	11/3/1782	Parsons Cemete	ATEREC'D. BY REGISTRAR 256. PAG	ISTRAR'S SIGNATURE	Mo
(VRA 15, 4)	1	AFER YBOUN	ds SAllsb	JAY, MO 2180/	NUV 4 1982 /	and la	mely

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REG NO

2ª DATE OF DEATH

AGE (IN YEARS LAST BIRTHDAY)

11--09-1982

IF UNDER I YEAR

DAYS

IF UNDER 24 HRS

2h HOUR

HOURS

DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE CERTIFICATE OF DEATH REGISTRAR

13 CITY OF TOWN

LAST

166 SOCIAL SECURITY NO

15BUYL

LAST DECEASED NAME (TYPE OR PRINT) ETHEL FRANCES SNYDER 4 RACE 5. DATE OF BIRTH 3. SEX

WHITE

Th CITIZEN OF WHAT COUNTRY?

MARRIED NEVER MARRIED

DIVORCED

BALTIMORE CITY OR COUNTY OF DEATH WICOMICO

126 USUAL OCCUPATION
(TYPS OF WORKING LIFE)

HTHOM

12h KIND OF BUSINESS OR INDUSTRY

NAME OF HOSPITAL NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) SALISBURY NURSING HOME USUAL RESIDENCE HE NURSING HOME/OR OTHER INSTITUTION, GIVE RESIDENCE AND FORE TOWNS IN

WIDOWED

134. INSIDE CITY LIMITS?

YES 🔀

17 INFORMAN'

13. STREET ADDRESS NO [IS MOTHER'S MAIDEN NAME

MIDDLE

LEEKS

APPROXIMATE INTERVAL

PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (0). Conditions, if ony, which gove rise to immediate cause (a), stating the underlying cause last

160 WAS DECEASED EVER IN U.S. ARMED FORCES?

BIRTHPLACE STATE OR FOREIGN

O CITY OR TOWN OF DEATH

SALISBURY

A FATHER'S NAME

(YES, NO OBWINGHOWN)

FOR

DUE TO, OR AS A CONSEQUENCE OF

DUE TO, OR AS A CONSPOUENCE OF

196 CONDITION FOR WHICH OPERATION WAS PERFORMED

NO

and that in (my) (our) opinion death accurred on the date and hour and from the couses stated

20a AUTOPSY?

PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110 20h. IF YES, WERE FINDINGS USED

IN CERTIFYING CAUSES OF DEATH?

90 DATE OF OPERATION

CERTIFICATION

MEDICAL

21a ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH

idida (did not) yeen the body afterident

23b. DAJ

(IF YES, GIVE WAR OR DATES)

18 CAUSE OF DEATH (Enter only one cause per lige Top (a), (b), And ic.

HOUR A.M. MONTH P.M

21e PLACE OF INJURY

DAY YEAR

21f LOCATION

21c HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18, PART 1 OR PART 2)

22c. DATE SJGNED

21d. INJURY OCCURRED NOT WHILE AT WORK 220 I certify that (I) (this hospital) attended he-deceased from

(IF EITHER, NOTIFY MEDICAL EXAMINER)

(AT HOME, STREET, FACTORY, OFFICE, FARM, ETC.)

CITY OR TOWN COUNTY

YES [

STATE

NO [

THE PHYSICIAN'S NAME (TYPE OF PRINT)

dedeased alive on,

22e ADDRESS

WS 50 AT CIVIC AVE., SALISBURY, MD.

ATTENDING MEDICAL STAFF PHYSICIAN DIRECTOR PHYSICIAN

21801

STATE

230 BURIAL CREMATION, REMOVAL

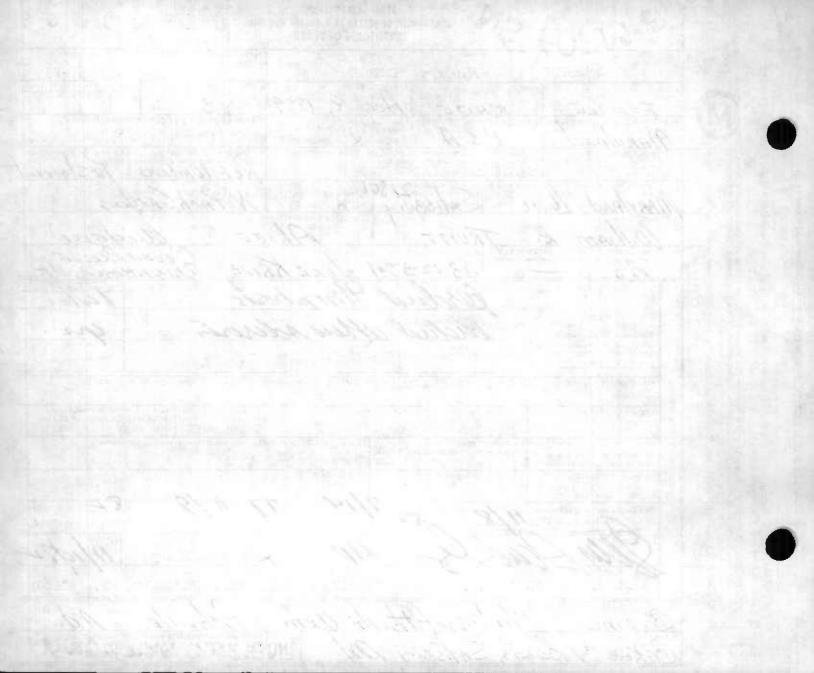
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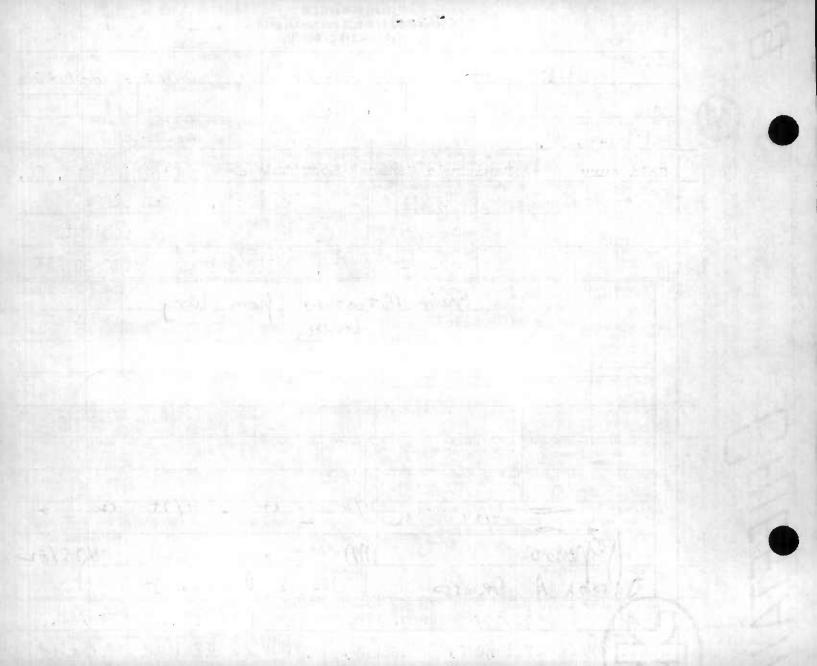
4 FUNERAL DIRECTOR

EARL M. BEARDSLEY, M.D.

THE MAME OF CEMEVERY OR CREMATORY



10	1 - STATE REGISTRAR DEPARTMENT OF HEALTH AND MENTAL HYGIENE & 2 5 0 5 / REG. NO.							
	I. DECEASED NAME FIRST	MIDDLE	LAST	20. DATE OF DEATH MONTH	DAY YEAR 26. HOUR			
nay be page 3	(TYPE OR PRINT) Will	iam	SOLDINAY	MANIE MAL	8 25 1982 1120 M			
pog	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	IF UNDER 1 YEAR IF UNDER 24 HRS			
(A)	Male	White	Aűg. 147,1908	74	RS. DATS HOURS MIN.			
a was	TO. BIRTHPLACE (STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTR	(2 8	B BALTIMORE CITY OR COL				
death. Pog.	Baltimore, M	d. USA	MARRIED NEVER MARRIED WIDOWED DIVORCED	Wicon	nico MD.			
	10 CITY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURS	ING HOME OR OTHER INSTITUTION	120. USUAL OCCUPATION	126. KIND OF BUSINESS OR			
urs offer	Salisbury		General Hospita	120. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORK)	thing Mfg. Co.			
A Pool	130. STATE 21863 106 C	RE OR OTHER INSTITUTION GIVE RESIDENCE BEFI OUNTY 136, CITY OR TO CESTER SNOW H	THE ADMISSION) 13d. INSIDE CITY LIMITS?	404 S. Churc	h Street			
AN C III S		rcester Snow H			11 311661			
15/12/	14 FATHER'S NAME	MIDDLE (1911)	15. MOTHER'S MAIDEN N	MIDDLE	Coblentz			
E 10 10 10	Simon	Solowa		16	CODICILEZ			
, BALTIMORE, MARYLAND 2120; ficate be executed within 24 hours of popers. Pages and 2 world be till novel. ent, the medical comment of the betti	(YES, NO OR UNKNOWN) (IF YE	ARMED FORCES? 166. SOCIAL SEIS, GIVE WAR OR DATES) 215-1	0-2850 Mrs. Ste	ife) ADDRESS	same as #13			
SALT ote to sicial ppers od.	18 CAUSE OF DEATH (Ent	er only one couse per line for (o), (b),	ond (c).)	,	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH			
	PARTI, DEATH WAS CA	DIATE CAUSE (0)	/VI	from lung				
ding arba or re	1629	DUE TO, OR AS A CONSEC	^					
death ce attendin nave carb	Conditions, if any, which	h (b)	WENCE OF LEMCY					
the complete control	gove rise to immediate cause (a), stating the		UFNCE OF					
T.W. P that the by the case ren al, crem	underlying couse loss	(c)						
DIVISION OF VITAL RECORDS, 201 W. PRESTON ST ING PHYSICIAN: The law requires that the death certical physician. Wher this certificate has been signed by the attending post he burial-transit permit. Then please remove carban th and Mental Hygiene prior to burial, cremation, or renared ar Item 18 shaws any injury, or ather traumatic events.		NT CONDITIONS CONTRIBUTING TO	DEATH BUT NOT RELATED TO THE TER	RMINAL DISEASE OR CONDITION	GIVEN IN PART 1(0)			
aw requirements in the prior to any injury	0 <u>1</u>							
L RECOIL RECOIL IN THE COIL IN THE COIL IN THE PRIOR P	190. DATE OF OPERATION 710. ACCIDENT WAS UNDERLYING	196 CONDITION FOR WHIC	CH OPERATION WAS PERFORMED		F YES, WERE FINDINGS USED ERTIFYING CAUSES OF DEATH?			
The The icion.	T			YES NO	YES NO			
SION OF VITA PHYSICIAN: Th ending physicio this certificate I the burial-transit d Mental Hygie d or Item 18 sha			DAY YEAR THE HOW INJURY OCCU	JRRED (ENTER NATURE OF INJURY IN ITEA	A 18 PART I OR PART 2)			
SION OF VI	LIF EITHER, NOTIFY MEDICAL EXA	MINER) P.M.	19					
VISION OF VITAL R © PHYSICIAN: The Intending physician. er this certificate has the burial-transit per and Mental Hygiene and Mental Hygiene ked ar Item 18 shows.	OR CONTRIBUTING CAUSE OF CHARLES AND COLUMNIE CAUSE OF CA	21e. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFIC	21f LOCATION STREET	CITY OR TOWN	COUNTY			
orke arke	AT WORK NOT WHILE							
0 0 E		ottended the deceased from	P	2, 10 1/25	, 19, that (I) (>) last			
ATTE Spire CTO L of n 21		e on		on death accurred on the date and				
OR ATTEN he hospital DIRECTOR ached for u Dept. af H.	22b. SIGNATUSE		DEGREE ATTENDING	MEDICAL STAFF	22c. DATE SIGNED			
SPITAL O A by the NERAL D be defor e Store D TANT: If I	1/0/1002	20		MEDICAL STAFF	11/25/82			
HOSPITAL inded by the FUNERAL valid be detroped by the State oortang:	22d PHYSIC AN'S NAME (Λ	27e. ADDRESS	A				
TO HOSPITAL retoined by th TO FUNERAL should be deter with the Store	Urseph	N. MASS	1300 5.	. NIVISIUN S	1			
7 5 F 2 7 4	230 BURIAL, CREMATION, REMO		NAME OF CEMETERY OR CREMATORY	- CIM ORZOWNI -	-1+60UNIVO AND STATE			
BP	Burial	11/29/82 Heb	rew Young Men Sick		altimore, Md. STATE			
DHMH - 16 50M 4/B2	24 FUNERAL DIRECTOR	norol llomo ADBRESS		ATE REC'D. BY REGISTRAR 251 PE	GISTRAR'S SIGNATURE			
(VRA 15, 4)	HUIIUWAY FU	neral Home, "Sa	lisbury, Md. No.	JV 29 1982 /	and takely			



DEPARTMENT OF HEALTH AND MENTAL HYGIENE CERTIFICATE OF BEATH

3

	FOR STATE REGISTRAR	DEPARTM	MENT OF HEALTH AND MENT CERTIFICATE OF DEAT	100 100	3 0 NO.	3/1
	1. DECEASED NAME FIRST	WIDDLE	LAST	2a DATE OF DEATH	MONTH DAY YEAR	2b. HOUR
١	Robert	W.	Stom of T	r. Novemb	or 21 198.	2 ming A
1	3. SEX	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST)		AR IF UNDER 24 HRS
	Male	White	July 29, 191	72	YRS DATE	YS HOURS MIN.
	70. BIRTHPLACE (STATE OR FOREIGN COUNTRY)	16. CITIZEN OF WHAT COUNTRY? USA	8. MARRIED NEVER MARR WIDOWED DIVORC	Wicomico	OR COUNTY OF DEATH	MD.
	10 CITY OR TOWN OF DEATH Salisbury	11. NAME OF HOSPITAL, NURSIN 1# NOT IN SUCH FACILITY. GIVE STREET A Pennisula Ger		120. USUAL OCCUPA (TYPE OF WORK FOR MOS Ret. W.T	TOF WORKING LIFE) INDUSTI	O OF BUSINESS OR RY Annalysi:
2	USUAL RESIDENCE (IF NURSING HOME OF 130. STATE 135. COU!	OTHER INSTITUTION, GIVE RESIDENCE BEFORE NTY 13c. CITY OR TOWN MAICO MAIDELLA	. 113d. INSIDE CITY LI	MITS? 130 STREET ADDRESS	S 126 School	House Rd.
	Robert W.	Stamp Sr.	15 MOTHER'S MA Rose FIRST	IDEN NAME	Graefe	LAST
٦	160 WAS DECEASED EVER IN U.S. AF		RITY NO. 17. INFORMANT	ADD	RESS	
1	(YES, NO OR UNKNOWN) (IF YES, GI	Z 15-03-59	958 Mrs. Mu	rtle M. Stamp	Same	
	Conditions, if ony, which gave rise to immediate couse (a), stating the underlying cause lost	DUE TO, OR AS A CONSEQUE (b) DUE TO, OR AS A CONSEQUE (c) CONDITIONS CONTRIBUTING TO D	INCE OF MYPOUN		20b. IF YES, WERE FIN	IDINGS USED
	STIFIC			YES NO	IN CERTIFYING CAUS	SES OF DEATH?
)	OR CONTRIBUTION CAUSE OF DE	HOUR A.M. MONTH DA		OCCURRED (ENTER NATURE OF IN	IJURY IN ITEM 18 PART I OR PART	2)
	ORCONTRIBUTING CAUSE OF DE CIFE EITHER NOTIFY MEDICAL EXAMINE CAUSE OF DE CIFE EITHER NOTIFY EITHER NOTIFY MEDICAL EXAMINE CAUSE OF DE CIFE EITHER NOTIFY EITHER NOTIF	216. PLACE OF INJURY (AT HOME, STREET, FACTORY, OFFICE, F.	ARM, ETC.)	CITY OR	TOWN COUNTY	STATE
	saw the deceased alive or	ital) ottended the deceased from		9, to) apinion death accurred an the	date and hour and from t	_, that (I) (we) last the causes stated
	22h SIGNAN	n m	DEGREE ATTEN PHYS	NDING MEDICAL ST		30/8
	22d PHYSIC AS ME 11YPE	OFFINITY THASE	120 ADDRESS	S. Divsim	57	
	230 BURIAL, CREMATION, REMOVAL SPECIFY Burial		NAME OF CEMETERY OR CREW V Cathedral	Baltimo		Md. STATE
	24 FUNERAL DIRECTOR			250. DATE REC'D. BY REGISTRA	AR 256. RESISTRAR'S SIGN	ATURE
	Leonard J. Ruc.	k Inc. Baltimore	, Maryland	DEC 2 - 1982	Johns	tohicle

DHMH - 16 50M 4/82 (VRA 15, 4)

BP.

The season in the season will which was a prompt pringle to derest I desert STATE OF STREET STREET, ST. SO. See. 1

	1 -	FOR STATE REGISTRAR	DEPART	STATE OF MARYLAND MENT OF HEALTH AND MENTAL HYG CERTIFICATE OF DEATH		03/
1	DEC	CEASED NAME FIRST	MIDDLE	LAST	REG. NO. 20 DATE OF DEATH MONTH DI	AY YEAR 2b. HOUR
	(TYPE	ROBERT		STANFORD		1982 7:25 8
á	3 SEX	Male	4. RACE Black	5. DATE OF BIRTH MONTH DAY 07 - 21 - 13	6. AGE (IN YEARS LAST BIRTHDAY)	FUNDER LYEAR IF UNDER 24 HOURS N
3	C	RTHPLACE (STATE OR FOREIGN QUINTRY)	76 CITIZEN OF WHAT COUNTRY?		9 BALTIMORE CITY OR COUNTY O	OF DEATH
70	Sa Sa	YORTOWN OF DEATH	Deer's Head Co	enter	12a. USUAL OCCUPATION (TYPE OF WORK FOR MOST OF WORKING LIFE) LADORGE	126. KIND OF BUSINESS INDUSTRY
25	13a S	TATE 136 COUN	OTHER INSTITUTION GIVE RESIDENCE BEFOR	VN 13d. INSIDE CITY LIMITS? YES NO 🗹	13e STREET ADDRESS R+1, Box 26 E	den, nd.
120		SidWEY	Stanfor	15. MOTHER'S MAIDEN NA SALIE	MIDDLE	nfond
medic		(AS DECEASED EVER IN U.S. ARI ES, NOOR UNKNOWN) (IF YES, GIVI	MED FORCES? 16b. SOCIAL SECT E WAR OR DATES) 220-01-	7206 Melindu St	anford Pt1, Box	ze Eden, Me
other troumatic event, the		Conditions, if ony, which gove rise to immediate couse (o), storing the underlying couse lost	DUE TO, OR AS A CONSEOU (b) DUE TO, OR AS A CONSEOU			
	Z		(6)			
	Z	PART 2 OTHER SIGNIFICANT C	ONDITIONS CONTRIBUTING TO		NINAL DISEASE OR CONDITION GIVE	N IN PART 1(0)
lows ony injury, ar	TIFICATION	PART 2 OTHER SIGNIFICANT C	Diabetic	DEATH BUT NOT RELATED TO THE TERM nephropathy OPERATION WAS PERFORMED	20a AUTOPSY? 20b. IF YES,	WERE FINDINGS USED ING CAUSES OF DEATH?
2	CERTIFIC		Diabetic 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	nephropathy OPERATION WAS PERFORMED 21c. HOW INJURY OCCUR	20a AUTOPSY? 20b. IF YES, IN CERTIFY	WERE FINDINGS USED ING CAUSES OF DEATH?
or Item 18 shows ony injury,	ZAL CAL	190. DATE OF OPERATION 210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA	Diabetic 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D	nephropathy OPERATION WAS PERFORMED 21c. HOW INJURY OCCURI	20a AUTOPSY? 20b IF YES, IN CERTIFY YES NOW	WERE FINDINGS USED ING CAUSES OF DEATH? NO (1)
18 shows ony injury,	MEDICAL	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that X (this haspit sow the decased alive on, obove, (I) (we) (did) (did not obove, (I)) (we) (did) (did not obo	Diabetic 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,	AY YEAR 19 211 LOCATION STREET	200 AUTOPSY? 206 IF YES, IN CERTIFY YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18. PAR CITY OR TOWN	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE
if them 21 is morked or them 18 shows ony injury,	MEDICAL	21a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEA (IF EITHER NOTIFY MEDICAL EXAMINER: 21d INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER: AT WORK 22a. I certify that (this hospit sow the deceased alive on above, (1) (we) (did) (did not 22b. SIGNATURE	Diabetic 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21c. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, 1) view the body ofter death.	AY YEAR 19 FARM.EIC) 211. LOCATION STREET 25. 07 19 79 32 ond that in (mx) (our) opinion DEGREE MD ATTENDING PHYSICIAN	200 AUTOPSY? 206 IF YES, IN CERTIFY YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18. PAR CITY OR TOWN	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE
MPORTANT: If Item 21 is morked or Item 18 shows ony injury,	MEDICAL	210. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEA (IF EITHER, NOTIFY MEDICAL EXAMINER) 21d. INJURY OCCURRED WHILE NOTIFY MEDICAL EXAMINER 21d. INJURY OCCURRED WHILE NOT WHILE AT WORK 220. I certify that X (this haspit sow the decased alive on, obove, (I) (we) (did) (did not obove, (I)) (we) (did) (did not obo	Diabetic 19b. CONDITION FOR WHICH 21b. TIME OF INJURY HOUR A.M. MONTH D P.M. 21e. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE,) view the body ofter death. PRINTI 3, M.D.	PREMISE OF THE PROPERTY OF THE	280 AUTOPSY? YES NOW YES RED (ENTER NATURE OF INJURY IN ITEM 18. PAR CITY OR TOWN 10 11-24 15 death occurred on the date and hour of	WERE FINDINGS USED ING CAUSES OF DEATH? NO NO COUNTY STATE COUNTY STATE P-82 that X (we) and from the causes stated

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5			1.	FOR STATE REGISTRAR			DEPARTA	MENT OF H	E OF MARYLAND EALTH AND MENTAL H ICATE OF DEATH	YGIENE 8	REG. NO.	3	0 3	7 3
	m.c			CEASED NAME	OLIN		MIDDLE		(STERLING)	Ze. DATE OF	DEATH MON	NTH DAY	YEAR	2b HOUR
7.0	1	A		0	lin		W.	5	terling	No.	vember	16	1982	1435 M
9 9	(M		3.5E	×		4. RACE		5 DATE C			EARS LAST BIRTHDA	Y) IF (INDER I YEAR	HOURS MIN.
100	1		1	Male		Whit		Sept	9, 1895		87	YRS.		
	70	35		RTHPLACE (STATE OR F	OREIGN		WHAT COUNTRY?	MARRIE	D NEVER MARRIED	BALTIMO	RE CITY OR C	OUNTY O	DEATH	
1	1	-	10 C	Maryland TY OR TOWN OF DEA	TH		S.A.	WIDOWE	DR OTHER INSTITUTION		icomic			MD.
- the	23	29	1334		NI P	IF NOT IN SU	CH FACILITY, GIVE STREET	ADDRESS)		(TYPE OF WORK	OCCUPATION K FOR MOST OF WO	ORKING LIFE)	INDUSTRY V	BUSINESS OR arious
120	9 6	2) 4		AL RESIDENCE (IF NUR &	ING HOA	Penir	ISULA GE		l Hospital	Busine	essman		Enter	prises
MARYLAND 2	filled booked b	35	130 S	ryland	Some	erset	Cristie		13d INSIDE CITY LIMITS?	13e STREET	ADDRESS W. Mai	n St.	(2181	7)
With:	d 2 sh	(Q)	14 FA	THER'S NAME		MIODLE	LAST		15 MOTHER'S MAIDEN	NAME	WIDDLE		LAST	
- On	Comp	Š//		Albert			Sterlin	-	Lillie		WIDDIE	100	Tawe	
ALTIMORE,	Pages	2	1 1	VAS DECEASED EVER	U.S. AR	MED FORCES? E WAR OR DATES)	213-16-5		Anne T. Whi	tting ho r	ADDRESS	W.Ma:	in St.	. 21817
an in	physicia on popers emoval.	event, the		18 CAUSE OF DEATH PART I. DEATH W		ly one couse pe D BY: E CAUSE (a)	Resnuv	ten	Unest					NATE INTERVAL NSET AND DEATH
PRESTON ST	ttending ve corbo	umotic		Conditions, if ony,		DUE TO, C	PAS A CONSEQUE	NCE OF	me CU.	A				
3 =	by the o	other fro		gave rise to imm cause (o), statin underlying cause	nediote g the	DUE TO, O	R AS A CONSEQUE	NCE 9	Manute	- A	Prosta	4		
15, 201 uires tho	en plec	ury, or	z	PART 2 OTHER SIGN	VIFICANT O	CONDITIONS C	ONTRIBUTING TO D	EATH BUT	NOT RELATED TO THE TE	RMINAL DISEASI	E OR CONDITIO	on given	IN PART lia	
ORD	been s	à T	ATIO	190 DATE OF OFERAT	ION	TIR COND	ITION FOR WHICH	DESEATIO	N WAS PERFORMED	20g AUTO	DSV2 201	L IE VEC VA	ERE FINDING	CC LICED
AL REC	has t peri		CERTIFICATION	11/1/80	2	Un	may a	elen	tim	YES 🗌	NOD	CERTIFYIN YES [G CAUSES (OF DEATH?
OF VI		9		210. ACCIDENT WAS UND OR CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTING CONTRIBUTION CONTRI	AUSE OF DEA	TH HOUR A	DEINJURY .M. MONTH DA .M.	Y YEAR	21c. HOW INJURY OCC	JRRED (ENTER NA	TURE OF INJURY IN	ITEM 18 PART	I OR PART 2)	
DIVISION OF VITAL RECORDS, ING PHYSICIAN: The low requir	er this c s the bur	xed or	MEDICAL	21d. INJURY OCCURR	RE 🗀		OF INJURY REET, FACTORY, OFFICE, FA	ARM, ETC)	211 LOCATION STREET		CITY OR TOWN		COUNTY	STATE
2 2	R: Aft	E S		220 I certify that (1)		tol) oftended th	ne/deceased fram	1///	. 19	2 , to /	1//6	. 191	82	not (I) (we) last
ATTE	CTO!	170		sow the decease	d olive an	wew me body	after death.	or or	d that in (my) (aur) apinio	on death occurre	d on the date a	ind hour ar	nd from the co	auses stated
AL OR	AL DIRE letochec ste Dept	t: If fren	<	226. SIGNATURE	e/s	ama	ne	mi	DEGREE ATTENDING PHYSICIAN	MEDICAL	STAFF PHYSICIAN		22c DATE S	16/82
HOSPIT	FUNERAL	OKIAN		1 hom A	- 1		Arco		P. G. H. M				sbury.	Md.
0	Sho To	₹		1,00		<u> </u>	75.							

DHMH - 16 50M 1/81 (VRA 15, 4) Bradshaw & Sons

23a BURIAL, CREMATION, REMOVAL 11/19/82 Burial 24 FUNERAL DIRECTOR

23c NAME OF CEMETERY OR CREMATORY Asbury Meth. Cemetery

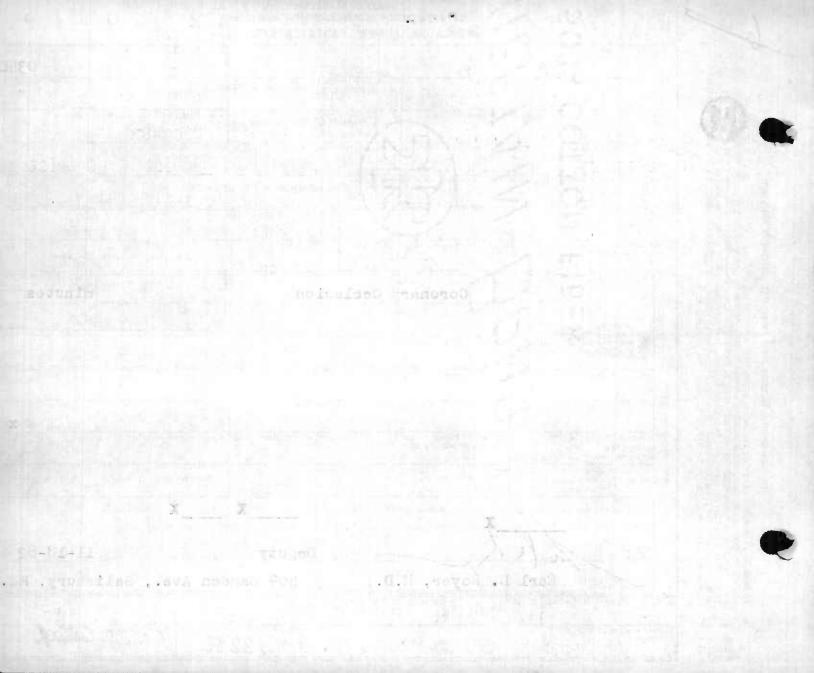
23d LOCATION Cristield

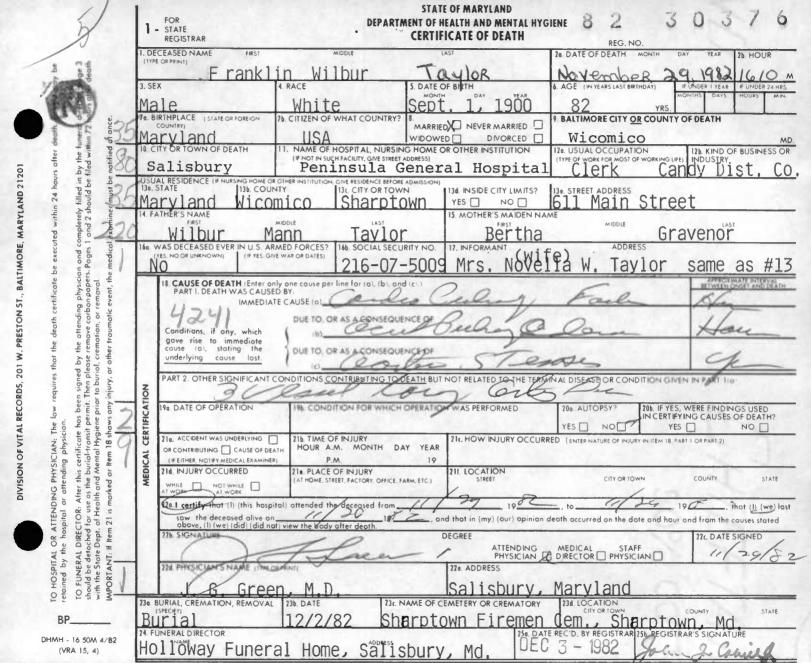
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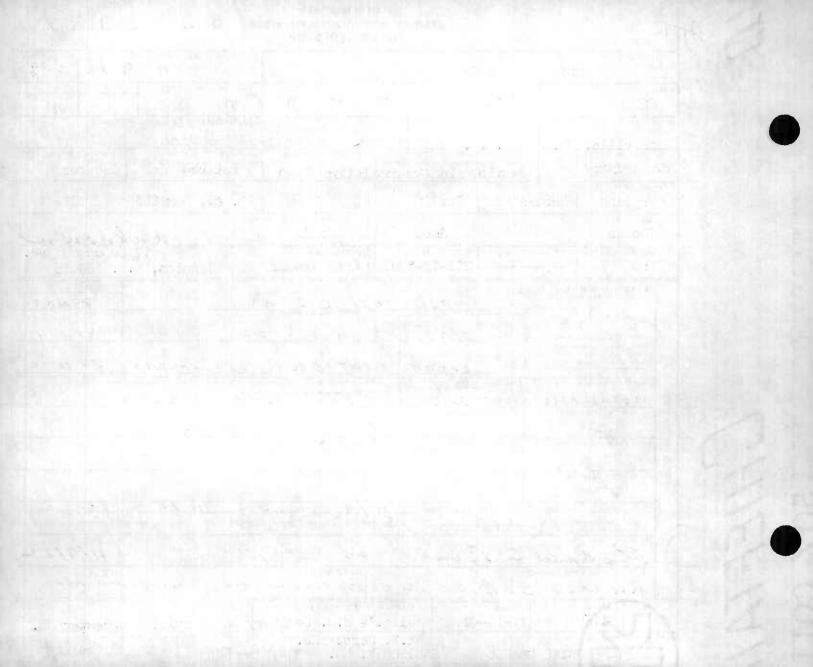
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	11-	STATE	AAE	DEPARTMENT OF			F DEATH	3	U	0 /	3
		REGISTRAR CEASED NAME FIRST	7416	MIDDLE	IEK 3	LAST		REG. NO.	ONTH D	DAY YEAR	26 HOUR
₩ %; S; S; £	(TYF	E ORPRINT)	1	FF	CMVI	T7	OF DEATH A	ESTI-			0340
A.Y. PLEASE RECTOR. R FILES. HOURS STREET,	3. SEX		ATE OF BIRTH	6 AGE (IN YE	ARS IF U	DERTYR. IF UNDER	24 HRS. 2c. DATE	MC	ONTH B	\$1982 AB	2d. HOUR
S HE S HE	M		ONTH OAY	1 43 39 y	RS. MONT	HS DAYS HOURS	MIN PRONOUNC	ED 1	1 1	18 .82	11 M
	70 B		ITIZEN OF W		18	IED & NEVER MARR	9. BALTIMO	RE CITY OR C	OUNTY C		
25/2/2		errysburgOhio	U.S.	A	WIDOV			comico			MD.
LAY IS O THE F REED SE FILED		the second secon	VAME OF HO	SPITAL, NURSING HOM ACILITY, GIVE STREET ADDRESS)	E, OR OTH		12a. USUAL OCCUPA	TION (TYPE OF V	VORK 12b	OR INDUSTI	SINESS RY,
Y DELAY D 3 TO TH TAIN PAC ULD BE FIL		alisbury	ening	SULA GENERAL GENERAL SULA GENERAL GENE	all	lospital	Biochen	nist		OR INDUSTI	st
21201 ANY DELY AND 3 TO RETAIN BE RECORDS,	130. S	TATE / / Y / IDW COUNTY		134, CITY OF TOWN	ON)	13d. INSIDE CITY LIMITS?	3514 HIL	sley	M + 1 1	Dd	
G = 2.8.8.1		Marytand Howard	J	IMOOODINE		YES NO I		stey	Mill	l Rd.	
TIMORE, MC FER DEATH. PAGES 1. CORM PM. CORM PM.	IA	lvin J. Swartz	DIE	LAST		Pear			h 0 1 d	LAST	
TIMOR TIMOR FERNAM SES SAM ON ON ON	line V	VAS DECEASED EVER IN U.S. ARMED	ORCES?	166. SOCIAL SECURIT	Y NO.	17. INFORMANT	4	ADDRESS Me	Jero	rick	
BALTIMORE, S. AFTER DEA! GIVE PAGES TITH FORM PI PAGES PANI VIVISION ON		ES, NO, OR UNKNOWN) (IF YES, GIVE WAR O	R DATES)	277 40	6066	Condro	Dusi	ingallie	asy	酒ttz	
		18 CAUSE OF DEATH (Enter only one	cause per lin	e for (o), (b), and (c).)	000	- Salitti a			T	APPROXIMATE BETWEEN ONSET	INTERVAL
PRESTON ST., ITHIN 24 HOUS CIL IN ITEM 1B. KER ALONG W ANSIT PERMIT. AL HYGIERMIT. REMOVAL.	10	PART I DEATH WAS CAUSED BY:	USE (o)	Coronary (occl	usion			7	minut	es
1 W. PRESTON S D WITHIN 24 H PENCIL IN ITEM AMINER ALONG TEANSIT PEN ENTAL HYGIEN , OR REMOVAL.		Conditions, if ony, which	DUE TO, O	R AS A CONSEQUENCE	OF						
W. PRESI WITHIN WINER A TRANSIT ENTAL HY OR REMC	-	gove rise to immediate	(b)								
201 W UTED V IN PEI EXAM EXAM SIAL-T		couse (o) stoting the <u>under-</u> lying couse lost.	DUE TO, OI	R AS A CONSEQUENCE	OF						
RDS, 201 V EXECUTED ING" IN PE ICAL EXEL A BURIAL - H AND MET		PART 2 DTHER SIGNIFICANT CONDITIONS CONTR	(c)	RILL MULT BELVIEU AU THE TERM	INAL DISEAS	E DE CONDITION CIVEN IN BA	PT 1 a				
COR BE EV NDIN SA EV CITH J	Z		JOHN TO BEATT	DOLLAR RECUIED TO THE TEXT	TIMAL DISEAS	E DA COMUTTUM GIFEM IN FA	KI I U.				
F VITAL RECORDS TE SHOULD BE EXE WORD "PENDING" TE CHIEF MEDICAL OBE USED AS A BU D BEUTOF HEATTH AN	CERTIFICATION	19a. DATE OF OPERATION	196 COND	ITION FOR WHICH OPER	RATION	'AS PERFORMED?			2	D AUTOPSY?	,
SHOULD ORD "PEI CHIEF A E USED A URIAL, O	Ĕ									YES 🗆	NO IX
A THE WEN WEN BOWN	W.	210 EXTERNAL CAUSE WAS	11b. TIME O	FINJURY M. MONTH DAY YEA	21c H	OW INJURY OCCURRE	D (ENTER NATURE OF INJUR	Y IN ITEM IS PART I	OR PART 2)		
CERTIFICATE TING THE W ED TO THE DEPAGATION THE DEPAGATION TO THE TOTAL THE	MEDICAL	CONTRIBUTING CAUSE OF DEAT									
DIVISION OF VITAL RECORDS, S CERTIFICATE SHOULD BE EXECT RITING THE WORD "PENDING" ROBE TO THE CHIEF MEDICAL ES 3 SHOULD BE USED AS A BUF, EDEPARTMENT OF HEATH AND THE PEPRAGNATOR TO BURIAL, CREMATI	MED	21d INJÜRY OCCURRED WHILE NOT WHILE AT WORK AT WORK		OF INJURY (AT HOME, CTORY, FARM, ETC.)		CATION	CITY OR TOWN		COUNTY		STATE
THIS E, WR WARE PAGE 2120		AT WORK AT WORK									A
TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULD BE EXECUTED WITHIN 24 HOUR EXECUTE THE CERTIFICATE, WRITING THE WORD "PENDING" IN PENCIL IN ITEM 1B. PAGE 4 SHOULD BE FORWARDED TO THE CHIEF MEDICAL EXAMINER ALONG WATER DEATH, WITH THE STATE DEPARTMENT OF HEALTH AND MENTAL HYGIENE, BALTIMORE, MARYLAND, 21201 PRIOR TO BURIAL, CREMATION, OR REMOVAL.		22a I certify that I took charge of			Autop	sy , Inspection	n M. Inquiry	X, and in	my opinio	n	
EXAMI CERTIFI DIRECT WARYLWARYLWARYLWARYLWARYLWARYLWARYLWARYL		deoth resulted from: National ca	uses .	Accident, Su	ricide	, Homicide .	Undetermined mani	ner,			
WAY WAY		ACTUAL SIGNATURE	1			Deputy			DATE 7	11-18-	-82
MEDICAL CUTE THE SE 4 SHO FUNERAL TIMORE,	1		V		~		MEDICAL EXAMIN	IER S	IGNED_		
TO MEDIC EXECUTE PAGE 4 (TO FUNE AFTER DE		EXAMINER'S NAME Earl	L. Re	oyer, M.D.		ADDRESS 409	Camden A	Je., S	alis	bury	, Md.
53.8 5.8 A	(URIAL, CREMATION, REMOVAL 236. D.		23c. NAME OF CE			23d. LOCATION CITY OR TOWN		COUNTY	OI ST	ATE
BP		Burial 11/	22/82	Fort Me	igs	Cemetery	Perrysbu		ood,	Ohio	
DHMH - 17	LIC	NAME	HOMO	Salisbur	V. N	Id. NOV	22 1982	26 REGISTRA	THE THE	shelf	
(VR A15 ME (5))	ΠU	lloway Funeral	HUILLY	Satispai	711	NO I	22 300		~		





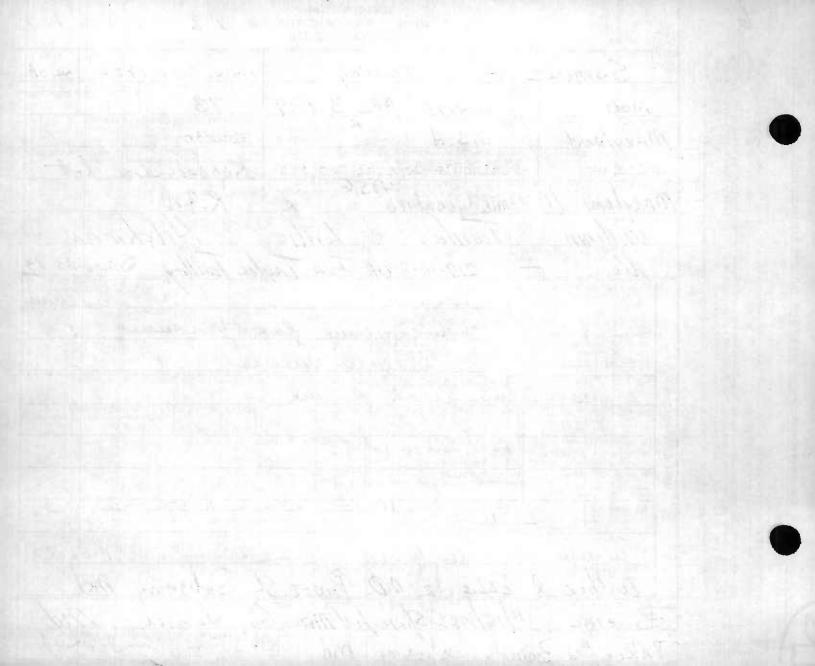
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RDS, 20 equires or signed Then pla r to buria	NOI			ANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 110											
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be execu-	(VAS DECEASED EVER IN U.S. ARMED FO 15. NO OR UNKNOWN) (IF YES, GIVE WAR OR KOREAN	DATES)	-1605 Mrs. Betty	rife) Twilley	same as #13
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R ATTENDING haspital or ott RECTOR: Alter ned for use as t spt. of Health a		22a.l certify that (1) (this becaute) attention saw the deceased alive an above, (1) (and (and a)) view to	1/28 19	, and that in (my) (our) apinian	death accurred on the date and	haur and fram the causes stated
0 0 0 0		22b. SIGNATURE	mp	DEGREE ATTENDING PHYSICIAN	MEDICAL STAFF DIRECTOR PHYSICIAN	11/28/8V
TO HOSPITAL OR retained by the N TO FUNERAL DIR should be detach with the State Deg IMPORTANT; if he		SOSAN - ER	0550	1300 S. D.	VISIUM ST	SAUSBYRY, M
		SURIAL, CREMATION, REMOVAL 23b. D		NAME OF CEMETERY OR CREMATORY	23d. LOCATION CITY OF TOWN	COUNTY STATE
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DHMH - 16 50M 4/82 (VRA 15, 4)	-	olToway Funeral	Home, Sal	B.C.o.	2 - 1982	u. J. Caniel

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OE OO	3. SE		4 RACE 5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTI	HDAY) IF UNDER 1 YEAR IF UNDER 24 HRS
ge 4 ector		Male	WHITE BPR 3 1989	73	YRS.
Podiring Po	70. BI	RTHPLACE STATE OR FOREIGN	76. CITIZEN OF WHAT COUNTRY? & MARRIED NEVER MARRIED		COUNTY OF DEATH
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s ofter oy the fu		alisbury	11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION (IF NOT IN SUCH FACILITY, GIVE STREET ADDRESS) Peninsula General Hospital	120. USUAL OCCUPATIO (TYPE OF FORKAOR MOST OF	
24 hour filled in ould be funst be	USU 13/7	AL RESIDENCE (IF NURSING HOME OF TATE 136 COUNTY)	ROTHER INSTITUTION GIVE RESIDENCE BEFORE ADMINISTRATION OF TOWN THE TOTAL THE CITY LIMITS?	13e. STREET DOORES	O.
cate be executed within 24 hours yisian and completely filled in by opers. Pages 1 and 2 should be fill wal.	74. FA	William	MIDDLE TUSTILEY 15. MOTHER'S MAIDEN NAM	ME	(Ichman)
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ore b sicio pers.		18 CAUSE OF DEATH (Enter or	nly ane cause per line far (a), (b), and (c). (a)	/	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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es the plea		PART 2 OTHER SIGNIFICANT			DITION GIVEN IN PART 1(a)
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ING PHYSICIAN: The law requires that the death certificate has been signed by the attending plast the burial-transit permit. Then please remove carbons the ond Mental Hygiene prior to burial, cremation, or removed or them 18 shows any injury, or other traumatic even	CERTIFICATION	190. DATE OF OPERATION	19b. CONDITION FOR WHICH OPERATION WAS PERFORMED	200 AUTOPSY?	206. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? YES NO
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G PHYS offending offen this ca s the burn ond Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	216. PLACE OF INJURY (AT HOME STREET, FACTORY, OFFICE, FARM, ETC.) 216. LOCATION STREET	CITY OR TOV	VN COUNTY STATE
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BP	23a	BURIAL, CREMATION, REMOVAL	236 DATE 236 NAME OF CEMPTERY OR CREMATORY Shringful Metan	173d LOCATION CITY OWN	REN, COUNTY MO
DHMH - 16 50M 4/82	24 F	UNERAL DIRECTOR	255 PAI	FREED BY REGISTAN	216 REGISTRAR'S SIGNATURE
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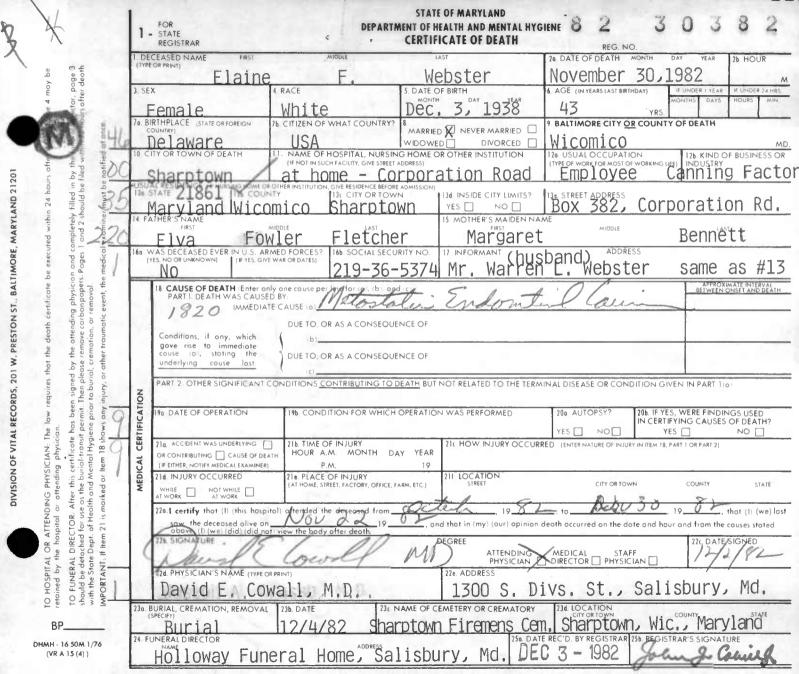


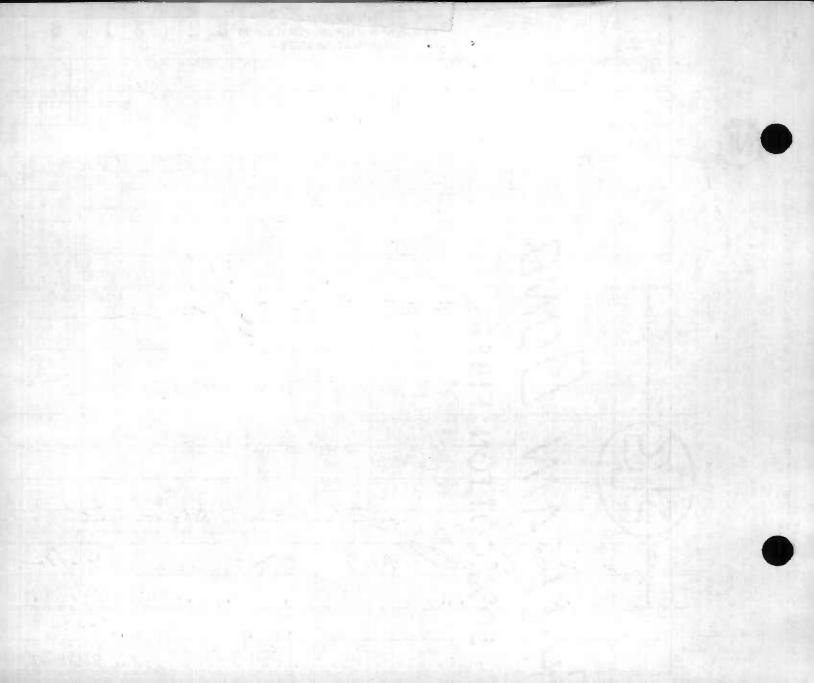
8			FOR STATE		STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENES 2 3 0 3 8 0										
0			REGISTRAR		MEI	DICAL	EXAMIN	ER'S C	ERTIFIC	ATE OF	DEATH	RE	G. NO.	0 0	0 0
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	EEE SA								DALL			ATH MATE	DIT	- 17	82 1754
	CAN .	Ma.	le W	hite	8 28	19	6 AGE (IN YEA LAST BIRTHDA 63 YR	Y) MONTI		HOURS A	AIN. PRON	OUNCED EAD	11-3	0-82	YEAR 2d. HOU!
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-	SH FIN	Virginia ID. CITY OR TOWN OF DEATH			USA WIDOWED DIVORCED WICOMI								OF BUSINESS		
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21201	2, AND 3 TO THE F. 3. RETAIN PAGE 2. SHOULD BE FILED. AL RECORDS, 204, W.	130. S	TATE Md.	NI COUNT	other institution, Gir Y ester	13c CITY	BEFORE ADMISSION OR TOWN		13d INSIDECITY YES X	CIMITS? 1:	3e. STREET AL		nd S	t.	
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RE,	SES 1,	1	George		W.	Ty	mdall	11	Emr	ma			HOST	Bevi	bs
PRESTON ST., BALTIMORE, MD. ITHIN 24 HOURS AFTER DEATH. IF CILL IN ITEM 18. GIVE PAGES 1, 2, WER ALONG WITH FORM PM 3. ANSIT PERMIT. PAGES 1, NND 2 S ANSIT PERMIT. PAGES 1, NND 2 S AN HYGIENE, DIVISION OR WEAL	S AFTER DEA GIVE PAGES TITH FORM P PAGES I AN INISION OF	160. V	VAS DECEASED E ES, NO, OR UNKNOWN	VER IN U.S. ARM	APMY		-18-22		17. INFORMA	ANT	ndall	930 Poc	Seco	ond St	reet
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	FUZF49	(5	URIAL, CREMATIC	N, REMOVAL 23			NAME OF CEA			RY	23d LOCATIO	N N		COUNTY	STATE
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DEPARTMENT OF HEALTH AND MENTAL HYGIENE - STATE MEDICAL EXAMINER'S CERTIFICATE OF DEATH REGISTRAR 1. DECEASED NAME 20. DATE KNOWN THE MONTH 26 HOUR (TYPE OR PRINT) OF ESTI-ALTHA WARD 11-19-82 6 AGE IN YEARS IF UNDER 1 YR 4. RACE 5. DATE OF BIRTH IF UNDER 24 HRS DATE PRONOUNCED 11-19-82, 1891 91 YRS White 10 Female 76 CITIZEN OF WHAT COUNTRY? RIRTHPLACE (STATE OR 9. BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED Maryland Wicomico U.S.A. WIDOWED TO DIVORCED ID. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME, OR OTHER INSTITUTION 170. USUAL OCCUPATION ITYPE OF WORK 176 KIND OF BUSINESS OR INDUSTRY Peninsula General Hospital Seamstress Salisbury Clothing Bo. STATE COUNTY 200 Somers Cove Apts. 13d. INSIDE CITY LIMITS? Md. Somerset 14 FATHER'S NAME 15. MOTHER'S MAIDEN NAME AUDDLE Anna MIDDLE James Mister Lawson 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17 INFORMANT 307 Wolfssin St. 222-03-7807 Grover B. Ward Crisfield. Md. 21817 18 CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) APPROXIMATE INTERVAL
BETWEEN ONSET AND DEATH F MEDICAL EXAMINER ALONG W ED AS A BURIAL - TRANSIT PERMIT. HEALTH AND MENTAL HYGIENE, D L. CREMATION, OR REMOVAL. PART I DEATH WAS CAUSED BY Arteriosclerotic Heart Disease vears IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if any, which gove rise to immediate cause (a) stating the under-DUE TO, OR AS A CONSEQUENCE OF lying cause last. PART 2 DINER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART LIGHT Fracture of left hip. 19a DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED? 70 AUTOPSY? Fracture of left hip. 11-8-82 YES 🗍 NO X 210 EXTERNAL CAUSE WAS 716 TIME OF INTURY 21c. HOW INJURY OCCURRED JENTER NATURE OF INJURY IN ITEM 18 PART 1 OR PART 2) UNDERLYING Fell at nursing home. CONTRIBUTING X CAUSE OF DEATH 211 LOCATION AT WORK AT WHILE Tawes Nursing Home, "Crisfield, "Somerset, Mo Inspection X. 270 I certify that I took charge of the remains described above, held on Autopsy and in my opinion Accident X death resulted from: Natural equses Homicide . TITLE (SPECIFY) DATE 11-19-82 ACTUAL Deputy MEDICAL EXAMINER SIGNATURE 409 Camden Ave., Salisbury, Md. EXAMINER'S NAME Earl L. Royer, M.D. 736 NAME OF CEMETERY OR CREMATORY 730 BURIAL, CREMATION, REMOVAL 736 DATE 73d, LOCATION Somerset Crisfield Sunnyridge Cemetery 24 FUNERAL DIRECTOR **DHMH - 17** Bradshaw Funeral Home, Crisfield, Md. (VR A15 ME (5)) 20M 4/82

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may be page 3 rer death	3 SE	Dollie	L RACE	WELLS Is, DATE OF BIRTH	October 6. AGE (IN YEARS LAST BIRT		15 A
4 9 9	W-	emale	White	Sept. 3, 1894	88	YRS.	
Pog dire	, 7a. B	IRTHPLACE (STATE OF FOREIGN 7	b. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED		R COUNTY OF DEATH	
rer death. Page within 72 hours,	G	irdletree, Md	. USA	WIDOWED DIVORCED	Wicomic	0	MI
ë en en	10 C	ITY OR TOWN OF DEATH	1). NAME OF HOSPITAL, NURSIN (IF NOT IN SUCH FACILITY, GIVE STREET	IG HOME OR OTHER INSTITUTION ADDRESS)	120. USUAL OCCUPATION TYPE OF WORK FOR MOST OF	WORKING LIFE) INDUSTRY	INESS OF
in by the filled be notif	S	alisbury	Deer's Head Ce	nter	Housewi	te I none	
filled filled bould b	Lilio	AL RESIDENCE (IF NURSING HOME OR C STATE 2185 WICON Bryland WICON	nico Quantic	13d. INSIDE CITY LIMITS? YES NO 15. MOTHER'S MAIDEN NA!	Quantico	Road	
completely completely cond 2 st	14, FA	ATHER'S NAME FIRST	hington Britt	ingham Ida	Jane	Tilahma	an
d con		WAS DECEASED EVER IN U.S. ARA	MED FORCES? 166 SOCIAL SECU	DITY NO 17 INFORMANT	ghter) 50		218
e be execu	N		220-48-	3979 Mrs. Ruth	J. Townsei		ZM3
ires that the death ce gned by the attendin in please remove carb burial, cremation, or i ry, or other traumatic		Conditions, if any, which gave rise to immediate cause (a), stating the underlying cause last. PART 2 OTHER SIGNIFICANT C		ence of atrial ence of the son continued to the term continued to			
g. 5 2 5 .5	CERTIFICATION	190. DATE OF OPERATION		OPERATION WAS PERFORMED	20a AUTOPSY?	20b. IF YES, WERE FINDINGS U	SED
The low raicion. It hos been usit permit. rgiene prio shows ony	TIFICA	190. DATE OF OPERATION	198. CONDITION FOR WHICH	OFERATION WAS FERFORMED	YES NO	IN CERTIFYING CAUSES OF DE	
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OING PHYS or offer this c e os the bur olth and Me	MEDICAL	21d. INJURY OCCURRED WHILE NOT WHILE AT WORK	218. PLACE OF INJURY LAT HOME, STREET, FACTORY, OFFICE, F	ARM, ETC.) 21f LOCATION STREET	CITY OF TO	NN COUNTY	STATE
ortol for us of He		220.1 certify that (1) (this haspite saw the deceased alive an abave, (1) (we) (did) (did not	12 = 15 AM 10-27 19	s and that in (my) (aur) opinion	, 10		stated
OR o h		22b. SIGNATURE	wn M.	DEGREE ATTENDING PHYSICIAN	MEDICAL STAI	22c. DATE SIGNI	ツーチ
5 i 5 i 5		22d. PHYSICIAN'S NAME ITYPE OR	Youn	Deer's Head	OHC Sa	lisbury, Md. 21	801
of of white with the state of t		BURIAL, CREMATION, REMOVAL	23b. DATE 23c 1	NAME OF CEMETERY OR CREMATORY	23d. LOCATION	COUNTY	STATE
BP		urial	P	arsons Cemetery	Salisbu		y la
DHMH - 16 50M 4/82		UNERAL DIRECTOR	AL HOME, Sati	shury, Md. 1007	2.9 1982	26 REGISTRAR'S SIGNATURE	4

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STATE OF MARYLAND

DEPARTMENT OF HEALTH AND MENTAL HYGIENE

FOR

- STATE

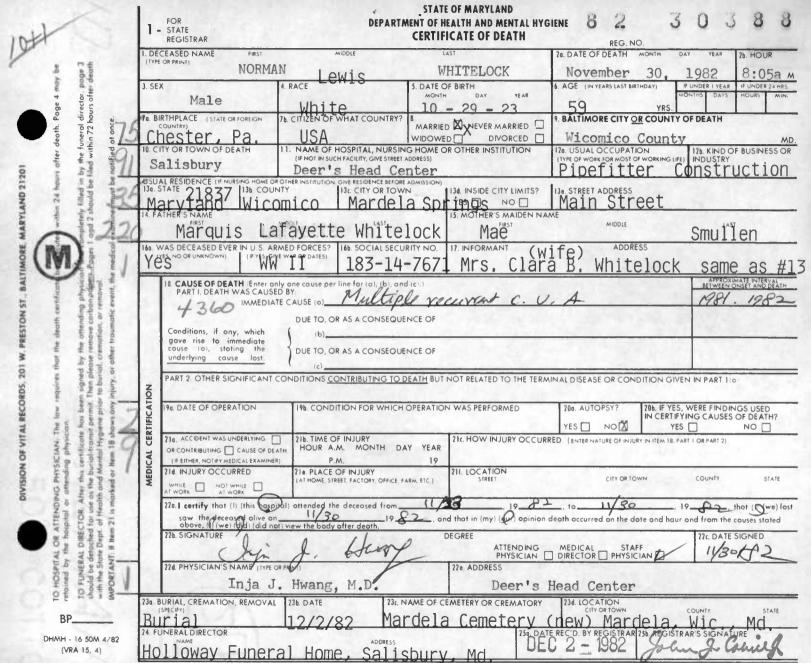
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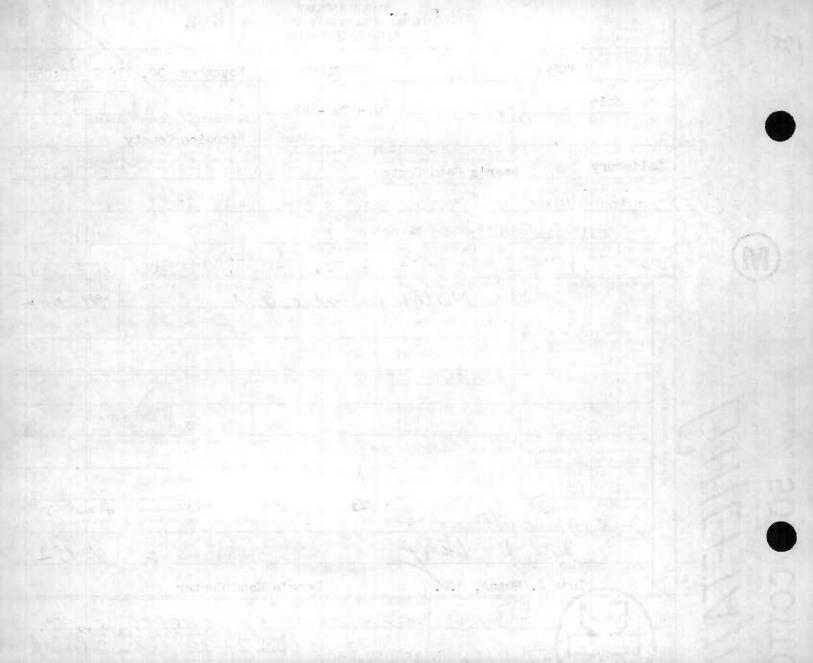
		FOR		DEPARTA		OF MAKTLAND ALTH AND MENTAL HY	GIENE 8 2	- 3	0 3	8 6
		STATE REGISTRAR				ATE OF DEATH	REG. NO).		
		CEASED NAME FIRST		MIDDLE	LAS		20 DATE OF DEATH	MONTH DAY	YEAR	2b. HOUR
400		GEOR	-	F.	Wh	ile	Novembe		1982	0900 m
1	3. SE	Mala	4. RACE		5. DATE OF HONTH	BIRTH YEAR	6. AGE (IN YEARS LAST BIRTI	MON	NIHS DAYS	HOURS MIN.
8 (NA)	70 B	RTHPLACE (STATE OR FOREIGN	Whi	TE OF WHAT COUNTRY?	June	8 1897	9 BALTIMORE CITY OF	COUNTYO	EDEATH	
1 35 35		larvland		USA		NEVER MARRIED	Wicomic		DEATH	
4 32 6	_	ITY OR TOWN OF DEATH		OF HOSPITAL, NURSIN	WIDOWED		12a. USUAL OCCUPATIO		12b. KIND O	F BUSINESS OR
A P C	. 5	Salisbury	(IF NOT IN S	such facility, give street sula Gen	ADDRESS)	Hospital	retired		INDUSTRY	
d in d in	"USU 13a. :	AL RESIDENCE (IF NURSING HOME STATE 136 CO	OR OTHER INSTITUTE	ON. GIVE RESIDENCE BEFORE	ADMISSION)	3d. INSIDE CITY LIMITS?	13e STREET ADDRESS			
	Ma	ryland Som	erset	Shellt	own	YES NO K	rura	1		
2 st	14. F/	ATHER'S NAME	MIDDLE	LAST	1	MOTHER'S MAIDEN N	AME		LAS	1
ond ond exom		George	E.	White		Anna			Hu	ghes
ond co		VAS DECEASED EVER IN U.S., YES, NO OR UNKNOWN) (IF YES,	ARMED FORCES GIVE WAR OR DATES			7 INFORMANT	rou White Mar	te #1	, Box	146
ers. F						Weggte W.	WILL TE MAY	ion,	Md APPROXI	MATE INTERVAL ONSET AND DEATH
physic pope novol.		18 CAUSE OF DEATH (Enter PART I. DEATH WAS CAU		(AR N7 C)	DESP	LRATURY	ARRES	T	BETWEEN	ONSET AND DEATH
rbon ren		1629 IMMED	IATE CAUSE (o)			4NA TOTAL	771-0			
attendin nove corb otion, or Iraumotic		Conditions if any which	DUE TO.	OR AS A CONSEQUE		OF LUA	ĸ			
movie motic		Conditions, if any, which gove rise to immediate	(6).							
by the sse ren I, crem ather i		underlying couse lost.	DUE TO,	OR AS A CONSEQUE	ENCE OF				in Ded	
pled pled		PART 2. OTHER SIGNIFICAN	T CONDITIONS	CONTRIBUTING TO I	DEATH BUT N	OT RELATED TO THE TER	MINAL DISEASE OR COND	ITION GIVEN	IN PART LIC	31
Then Then to bu	Z	SETIERE	1-11 00	SCIPLOTEC	11A	SCHAR	DISCASE			
mit.	CERTIFICATION	190 DATE OF OPERATION		IDITION FOR WHICH	OPERATION	WASPERFORMED	20a AUTOPSY?	20b. IF YES, V	VERE FINDIN	IGS USED
200	Ĕ						YES NO	IN CERTIFYIN		NO [
physicia inficote h I-tronsit ol Hygie	E	210. ACCIDENT WAS UNDERLYING		OF INJURY		21c. HOW INJURY OCCU	RRED (ENTER NATURE OF INJUR	IN ITEM IB PART	I OR PART 2)	
ding physici his certificate buriol-tronsi Mental Hygi or Item 18 sh	AL	OR CONTRIBUTING CAUSE OF		A.M. MONTH DA	AY YEAR					
or H	MEDICAL	21d. INJURY OCCURRED	21e. PLAC	E OF INJURY		PII. LOCATION	CITY OR TO	uN.	COUNTY	STATE
s the s the s ond rked	×	WHILE NOT WHILE AT WORK	(AT HOME,	STREET, FACTORY, OFFICE, F	ARM, ETC.)	SINEEL	CITORIO			JIAIL
Se o se o mo		220.1 certify that (I) (this ha	spital) attended	the deceased from_	10	127 19 8	2,10 11/1	. 19	38	that (I) (we) last
RECTOR red for up pt of Ho		sow the deceased dlive, obove, (on ///	dv after death.	82, and	that in (my) (our) opinion	death accurred on the do	te and hour o	nd from the	couses stated
P P P P P P P P P P P P P P P P P P P		22b. SIGNATIVE	11	/ Seom	DE	GREE			22c. DATE	SIGNED
the Dodger		UV	ley	4	a	ATTENDING .	MEDICAL STAF	AN \square	7.7%	
NERAL be deto e Store		224 PHYSICIAN'S I WE (IYE	E OR PRINT)			220 ADDRESS	Z DIRECTOR THISICS	A	SALZ	cain.
TO FUNERAL I should be deto with the Stote I IMPORTANT: If		CRATEIT	SCHAG	TEX		SUITE 7,	PINE BLUP	FIRD.	0/464	MI) 2180
5 5 4 3 3	23a.	BURIAL, CREMATION, REMOV			NAME OF CEA	METERY OR CREMATORY	23d LOCATION			
P		Burial	11/	7/82 R	ehohe:	th Baptist	Gem Rehob		Omerc	STATE Md
AH - 16 50M 4/B2	24 F	UNERAL DIRECTOR	1 + 1/		0.1000	25a. D.A	TE REC'D. BY REGISTRAR	Sh. REGISTRA	IR'S SIONA	URE A
(VRA 15, 4)	5	cotts mi	bren	Pocomok	e Cit	V. Md. NO	V 10 1982	- which	Ja con	
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ANI STILLE STATE OF THE STATE O THE STATE OF THE S Se atta white common plant, Mr.

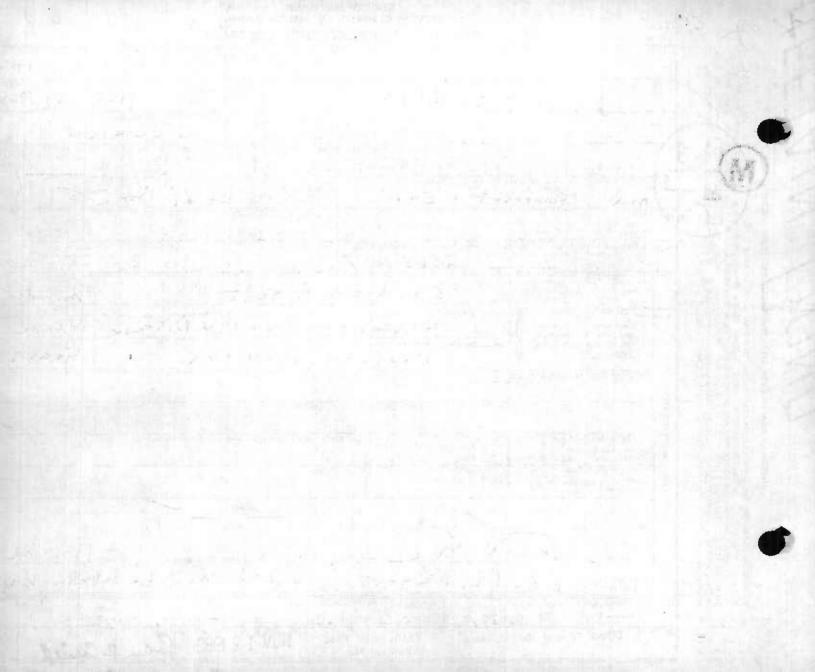
/ ^	1			STATE OF MARYLAND		- 2 4 3	-
6	1,	FOR	DEPARTA	MENT OF HEALTH AND MENTAL HYC	GIENE 8 2	5 0 5 5	1
	11.	STATE REGISTRAR		CERTIFICATE OF DEATH	256 110		
	1 DE	CEASED NAME FIRST	AIDDLE	LAST	REG. NO.	OAY YEAR 26. HOL	IP.
n a		OR PRINT	1 A11-	White	1		/N
15)		Naymone	1 Illen		Nationber 29,		15 M
	3. SE	A 4	4. RACE	5. DATE OF BIRTH	6. AGE (IN YEARS LAST BIRTHDAY)	MONTHS DAYS HOURS	R 24 HRS
	111	MALE	NEGRO	9 - 15 38	144 YR		
20	7a. B	RTHPLACE (STATE OF FOREIGN	76. CITIZEN OF WHAT COUNTRY?	MARRIED NEVER MARRIED	BALTIMORE CITY OR COU	NTY OF DEATH	77 (7)
2	M	ARYLAND	U.S.A.	WIDOWED DIVORCED	Wicomico		MD
9	10. C	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL, NURSIN	IG HOME OR OTHER INSTITUTION	12a USUAL OCCUPATION	12b. KIND OF BUSIN	ESS OR
3		Salisbury	Peningual a Ge	neral Hospital	VICE - PRINCIPA	INDUSTRY EDICATION	111
0					PAICE - PAILCIPAL	EDUCHIE	270
50 6	13a S	TATE IS COU	NOTHER INSTITUTION GIVE RESIDENCE BEFORE		130. STREET ADDRESS		
CF			CESTER BERLIN	YES NO NO NA	P.O. BOX 343		
92	1	ATHER'S NAME	MIOOLE	FIRST	MIODLE	O LAST	
791		Aymond C	\sim White	AVAL	ON	TURNELL	
dico di		VAS DECEASED EVER IN U.S. AF	12 THE PROPERTY OF THE PARTY OF		ADDRESS AC	HISAME AS AL	sove.
E		NO T	220-31-	1857 Mrs. JUANITA	White Ber	Lin MAN LAN	d 21811
- t		18 CAUSE OF DEATH (Enter of	nly ane couse per line for (a), (b), an	dict on	,	APPROXIMATE INTE	RVAL
nov went		PART I. DEATH WAS CAUSE	D BY:	Menloques.	Leeben		
r ren		2050 IMMEDIA	TE CAUSE (a)	1			
o, o		Candidan d tot	DUE TO, OR AS A CONSEQUE	ENCE OF U			
trou		Conditions, if any, which gove rise to immediate	(b)				
other		cause (a), stating the underlying cause last.	DUE TO, OR AS A CONSEQUE	ENCE OF			
or o			(c)				
njury.	z	PART 2 OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING TO I	DEATH BUT NOT RELATED TO THE TERM	MINAL DISEASE OR CONDITION	GIVEN IN PART 110	
	CERTIFICATION				Lan HAZORGYO Lans III	YES, WERE FINDINGS USE	
Sony S	S	19a. DATE OF OPERATION	196 CONDITION FOR WHICH	OPERATION WAS PERFORMED		RTIFYING CAUSES OF DEA	
Shows	1 2				YES NO	YES NO [
I w	8	210. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DE		AY YEAR 216 HOW INJURY OCCUR	RRED (ENTER NATURE OF INJURY IN ITEM	18 PART I OR PART 2)	
Mental or Item	SAL	(IF EITHER, NOTIFY MEDICAL EXAMINE	2111	19			
_ ~	MEDICAL	21d INJURY OCCURRED	21e PLACE OF INJURY	211. LOCATION	CITY OR TOWN	COUNTY	STATE
ked	2	WHILE NOT WHILE AT WORK	TAL HOME SIREET, PACIONT, OFFICE, P	ARM ETC)	/		
ě.			ital) attended the deceased from_	11/17 196	- 10 11/09	19 / / That (I)	(we) last
H S		sow the deceased alive or	11/27 19	that in (my) (our) opinion	death occurred on the date and	hour and from the causes st	toted
ot o		l) (we) (did) (did no	ot) view the body after death.	1 DEGREE		22: DATE SIGNED	
T H		1/4.0	5/ 01	ATTENDING	MEDICAL STAFF	11/20/1	
Zante L	1	Herry	- own	PHYSICIAN	DIRECTOR PHYSICIAN	101/1	
the S	1	22d PHYSICIAN'S NAME (TYPE	OR PRINT)	12300 5	División S	+	
with the Stat		Levrel ?	. Coles / Mix	· Salichury	M 218	01	
- 3 ≥	23a	BURIAL, CREMATION, REMOVAL		NAME OF CEMETERY OR CREMATORY	23d. EOCATION	COUNTY	STATE
	IF	SURIAL	12-03-82 NE	w Bethel Cometery	Bodio We	proester 1	M.
000 4/00	24. F	UNERAL DIRECTOR	R4.2.	LETSEN ROAD 250. 9A			64
50M 4/82 15, 4)	T	Weight Mangriel	happy Salisby		EC 0 - 1907	S. C. C.	6 4
	1. 3. 17	CAR AL END PUNISHED A PARTY AND A PARTY AN					

Christian State Vice. Pincling Lenucehold PEREZ SALE X MAKYLAND WONGSTELS BERUIN SHAN LL WOM'NA Mary Land Jugar to Warte Bortin, Mary Land 20411 5, 43% D 1400 PH.Z. Jersey Rond Lang Mengrand Charge Solution





4.		_ FOR		MARYLAND TH AND MENTAL HYGIENE	30389
1	25	1 - STATE REGISTRAR		W #4	REG. NO.
1	V	1. DECEASED NAME FIRST	WIDDIE	LAST Za. DATE	KNOWN A MONTH DAY YEAR 126 HOUR
111111	17. SS. 7.	(TYPE OR PRINT)	E Us	11 i omo	MATED - 11 0 19 82 195 M
The same	TREE COE		E OF BIRTH 16. AGE (IN YEARS IFT	UNDER 1 TR. IF UNDER 24 HRS. 2c. DATE	MONTH DAY YEAR 2d. HOUR
	DIRE OUR ON S	Female White	30 14 68 YRS.	NTHS DAYS HOURS MIN: PRONOUI	
-	ESSARY, PLEASE FEAL DIRECTOR. OR YOUR FILES. THIN 72 HOURS RESION STREET,	76. BIRTHPLACE IMAIR OF 7b. CIT		RRIED NEVER MARRIED	ORE CITY OR COUNTY OF DEATH
-	23年を	Maryland		OWED DIVORCED U	diconteo MD
-	理論の	IE CITY OF TOWN OF DEATH	AME OF HOSPITAL, NURSING HOME, OR O'NOT IN SUCH FACILITY, GIVE STREET ADDRESS)	THER INSTITUTION 12a USUAL OCCU	PATION (TYPE OF WORK 12b. KIND OF BUSINESS OR INDUSTRY
- 1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		eninsula General	Hospital Home	maker
106	と経過の4	USUAL RESIDENCE (IF IN NU ID IDME OR OTHER 130. STATE OUNTY	INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION)	134. INSIDE CITY LUHTS? 138. STREET ADDR	ESST REPS
2	単文を基準を ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・ ・	ma somers	et Eden	YES NO 1	=1 127 (-3
W	S 1, 2, PM 3. ND 2 S WITAL	14. FATHER'S NAME FIRST MIDDLE			AIDDLE LAST
80	DEATH.	Connie Anderson 160 WAS DECEASED EVER IN U.S. ARMED FO		Dessie De:	nda ADDRESS 07.000
WIL	JRS AFTER DE B. GIVE PAGE WITH FORM T. PAGES NAI DIVISION OF	(YES, NO, OR UNKNOWN) (IF YES, GIVE WAR OR D		7	21222
2	PA GINS	NO 18. CAUSE OF DEATH (Enter anly one c		William W.W. Wi	lliams 2069 Kelmore
5	24 HOURS ITEM 18: G ONG WIT PERMIT. P. SIENE, DIV	PART I DEATH WAS CAUSED BY:	Lavelia	e Arkect	BETWEEN ONSET AND DEATH
2	N 24 HO N ITEM 1 ALONG IT PERMI YGIENE,	4029 IMMEDIATE CAU	DUE TO, OR AS A CONSEQUENCE OF		
9	THIN FER A KNSI	Canditians, if any, which	(b) Hyper	tensive Civil	Disease year
3	OR TANK	gave rise to immediate cause (a) stating the under-	DUE TO, OR AS A CONSEQUENCE OF	1	0.
3	ON, ON,	lying cause last.	(c) Diabet	nes Mallitus	years
DIVISION OF VITAL PECOPIC 201 W PRESTON ST. BALTIMORE, MD. 91	HOULD BE EXECUTED WITHIN 24 HOURS BE WENDING" IN PENCIL IN ITEM 18 WENCEL EXAMINER ALONG USED AS A BURIAL -TRANSIT PERMIT OF HEALTH AND MENTAL HYGIENE, IRAKI, CREMATION, OR REMOVAL.		ITING TO DEATH BUT NOT RELATED TO THE TERMINAL DISE	ASE OR CONDITION GIVEN IN PART 1 (a).	
000	CREATE AND	190. DATE OF OPERATION 210. EXTERNAL CAUSE WAS	196. CONDITION FOR WHICH OPERATION	WAS BEDEODMED?	20 AUTOPSY?
	SHOULD ORD "PE CHIEF N E USED A T OF HEA	SE INC. DATE OF OFERATION	196. CONDITION FOR WHICH OPERATION	WAS PERFORMED?	
	P S S S S S S S S S S S S S S S S S S S	210. EXTERNAL CAUSE WAS	216 TIME OF INJURY 21c.	HOW INJURY OCCURRED LENTER NATURE OF IN	YES NO VI
2	A H L L L L L L L L L L L L L L L L L L		HOUR A.M. MONTH DAY YEAR P.M. 19		
	ERTIF ING ISHO PRI	UNDERLYING OK CONTRIBUTING CAUSE OF DEATH 21d INJURY OCCURRED	21e PLAČE OF INJURY (AT HOME, 21f. L	OCATION	
É	TO MEDICAL EXAMINER: THIS CERTIFICATE SHOULE EXECUTE THE CERTIFICATE. WRITING THE WORD." PAGE 4 SHOULD BE FORWARDED TO THE CHIEF. TO FUNKEAL DIRECTOR: PAGE 3 SHOULD BE USED AFTER DEATH, WITH THE STATE DEPARTMENT OF HE BANTIMORE, MARYLAND, 21201 PRIGR TO BURIAL.	WHILE NOT WHILE AT WORK	STREET, FACTORY, FARM, ETC.)	STREET CITY OR TO	COUNTY STATE
	RE TH	22a I certify that I taak charge of the	remains described above held an Auto	opsy , Inspection . Inquiry	and in my apinian
1001	LAN HEN	death resulted fram: Natural caus		, Hamicide Undetermined m	
	XAA EERTI ID B WITH ARY		0. /	TITLE (SPECIFY)	11
	AAL DOUGH	ACTUAL SIGNATURE	me	M.D. VJerut MEDICAL EXAM	MINER DATE 11-10-82
	NER STATE	EXAMINER'S NAME	11 Remov	Maged. D.	A- S-O-L. 110
	A PER	(TYPE OR PRINT)	1 - 1	_ADDRESS_COCC	There and leaved wha
	505549	230. BURIAL, CREMATION, REMOVAL 23b. DAT		CITY OR TOWN	COUNTY STATE
	BP	Burial No	v12,82 Lorraine E	Pk.Cem Baltime	ore, Maryland
4	DHAH - 17	24 FUNERAL DIPPER Funeral Home	es, Inc. 7110 Belair	Road NOV 1 2 1982	AR 25 REGISTRAR'S SIGNATURE
-1	(VR A15 ME (5)) 15M 2/80		Baltimore, Md		young lakely



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STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE & - STATE CERTIFICATE OF DEATH REGISTRAR REG NO I DECEASED NAME 20 DATE OF DEATH 2b. HOUR TYPE OR PRINTS HARVEY WINDSOR NOV. 9,1982 3 SEX 4 RACE 5. DATE OF BIRTH 6 AGE (IN YEARS LAST BIRTHDAY) IF UNDER I YEAR IF UNDER 24 HRS MATE JAN . 27 . 1903 WHTTE O. BIRTHPLACE (STATE OR FOREIGN Th CITIZEN OF WHAT COUNTRY? BALTIMORE CITY OR COUNTY OF DEATH MARRIED NEVER MARRIED U.S.A. WICOMICO CO. WIDOWED DIVORCED [10. CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL, NURSING HOME OR OTHER INSTITUTION 12a USUAL OCCUPATION 12b. KIND OF BUSINESS OR AT HOME INDUSTRY RETIRED ALTEN ISUAL RESIDENCE HE NURSING HOME OR OTHER INSTITUTION GIVE RESIDENCE BEFORE ADMISSIONA WICOMICO 13d. INSIDE CITY LIMITS? 13e. STREET ADDRESS MD. YES 🗍 NO [14 FATHER'S NAME 15 MOTHER'S MAIDEN NAME TSAAC WINDSOR MIDDLE LAST ESSTE PARKS. 160 WAS DECEASED EVER IN U.S. ARMED FORCES? ADDRESS 16b. SOCIAL SECURITY NO. 17 INFORMANT (YES HOORHNKHOWN) (IF YES, GIVE WAR OR DATES) 218-16-9138 THELMA WINDSOR ALLEN. MD. APPROXIMATE INTERVAL 18. CAUSE OF DEATH (Enter only one couse per line for 101, 16), and 1c PART I. DEATH WAS CAUSED BY DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove rise to immediate couse (o), stoting the DUE TO, OR AS A CONSEQUENCE OF underlying couse PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1 0 CERTIFICATION 190 DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 20b. IF YES, WERE FINDINGS USED IN CERTIFYING CAUSES OF DEATH? NO YES [NO [21a ACCIDENT WAS UNDERLYING 216. TIME OF INJURY 21c. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN ITEM 18 PART I OR PART 2) HOUR A.M. MONTH DAY YEAR OR CONTRIBUTING CAUSE OF DEATH MEDICAL (IF EITHER NOTIFY MEDICAL EXAMINER) PM 10 21d IN JURY OCCURRED 21e. PLACE OF INJURY 211 LOCATION COUNTY AT HOME, STREET, FACTORY OFFICE, FARM, ETC.) CITY OF TOWN STREET STATE NOT WHILE 220.1 certify that (1) (this haspital) attended the deceased from sow the deceased alive on 10/5 obove, (Irine) (did) (did not) view the body after death ond that in (my) (our) opinion death occurred on the date and hour and from the causes stated 22h SIGNATURE DEGREE 27r. DA证 SIGNE ATTENDING DIRECTOR PHYSICIAN 224 PHYSICIAN'S NAME (TYPE OR PRINT) 23a BURIAL, CREMATION, REMOVAL 23b. DATE 231 NAME OF CEMETERY OR CREMATORY 23d LOCATION (SPECIFY) COUNTY STATE BURI ORIOLE, MD 24 FUNERAL DIRECTOR 25a. DATE REC'D. BY REGISTRAR 25b_REGISTRAR'S SIGNATURE

PRINCESS ANNE, MOV

DHMH - 16 50M 1/B1 (VRA 15, 4)

WILSON FUNERAL HOME

67 601,72. THE STATE OF THE PROPERTY DESCRIPTION STATE OF THE PARTY OF THE PARTY

